

Name
in
Full

Elta May Baker

CERTIFICATE OF DEATH

Died at ^{4 miles S.} ^{Sharpburg} ^{Washington}

MARYLAND

Date of death 1905 ^{Month} May ^{Day} 27. Age ^{Years} 21. ^{Months} — ^{Days} 18.

Sex Female Color or Race White Birth-place Simplex Manor

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Wm. P. Baker

Father's Name John Myers Father's Birthplace Cecil

Mother's Maiden Name Mary Ingram Mother's Birthplace "

Name of person giving information Wm. P. Baker How related to deceased Husband

CAUSES OF DEATH

Primary Tuberculosis How long Several years

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. H. Gardner

Address Sharpburg. Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Eugene Markes,
Undertaker,

Name
in
Full

Lydia Belts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Mapleville		County Wash.			
Date of death	1905	Month 5	Day 12	Age	Years 78	Months	Days
Sex	Female		Color or Race	White		Birth- place	Wash. Co
Occupation	H. Wife			Where Residing if not at place of death		Mapleville	
Married, Single or Widowed	Widow		Name of Wife or Husband		Mrs Belts		
Father's Name	Robt. Cross					Father's Birthplace	Wash. Co.
Mother's Maiden Name	Susan Hamilton					Mother's Birthplace	
Name of person giving Information	L. Grossnickle					How related to deceased	Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	Years
Immediate	Apoplexy	How long	2 mos
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Davis
		Address	Boonsboro Md
Accident or Suicide?			



Name
in
Full

Edward Beuthy

CERTIFICATE OF DEATH

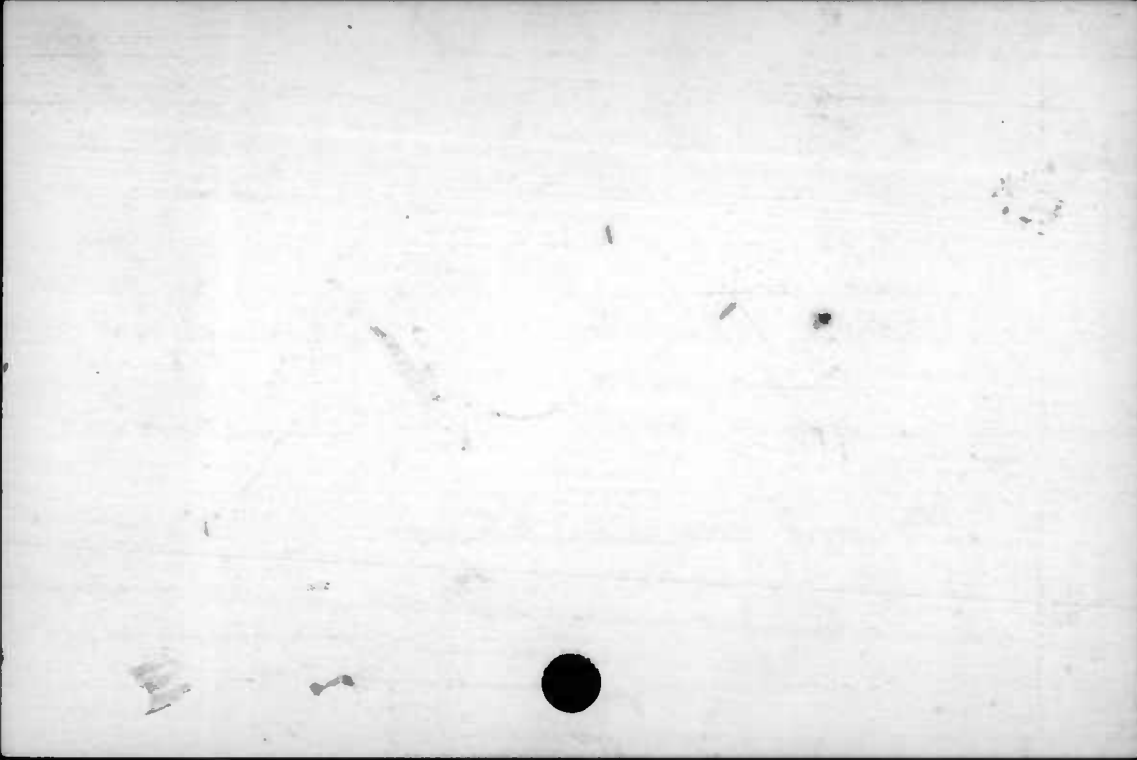
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>2</i>	Years <i>1</i>	Months <i>2</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Na</i>		
Occupation <i>Child</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Beuthy</i>			Father's Birthplace <i>Na</i>		
Mother's Maiden Name <i>Clara Maddox</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Clara Beuthy</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>4 weeks</i>
Immediate	<i>Spasms</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. C. L. Brown</i>	
		Address	
		<i>Hagerstown Md</i>	
		<i>Undertaker</i>	
Accident or Suicide?			



Name
in
Full

Bertha J. Charles.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Clear Spring ^{County} WashingtonDate of death 1905 ^{Month} 5 ^{Day} 31 ^{Years} Age 19 ^{Months} ^{Days}

Sex Female. Color or Race White Birth-place Clear Spring.

Occupation Teacher. Where Residing if not at place of death Clear Spring.

~~Married~~ Single~~Name of Wife or~~
~~Husband~~

Father's Name Milton Charles.

Father's Birthplace

Md

Mother's Maiden Name Amanda T. Charles.

Mother's Birthplace

Va

Name of person giving information Father Milton Charles.

How related to deceased

Father.

CAUSES OF DEATH

Primary Chronic Ulcerative Phthisis

How long

7 months

Immediate Asthenia

How long

5

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

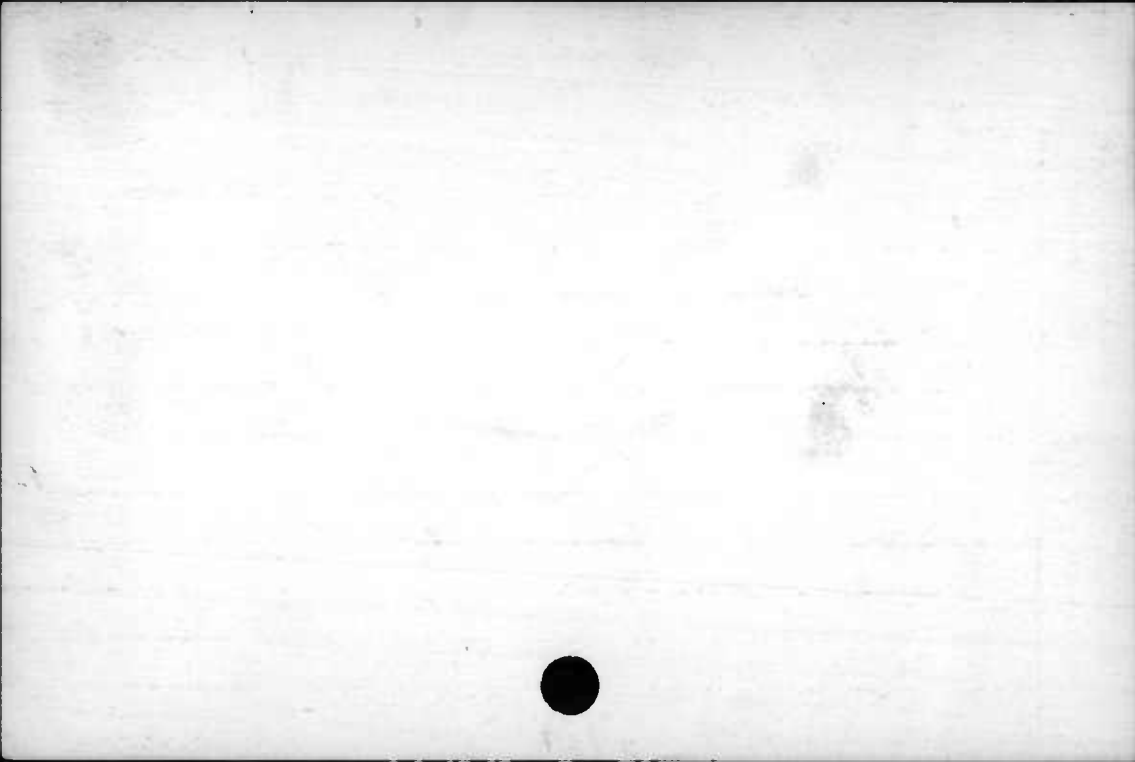
Address

C. J. Mason

Clear Spring Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

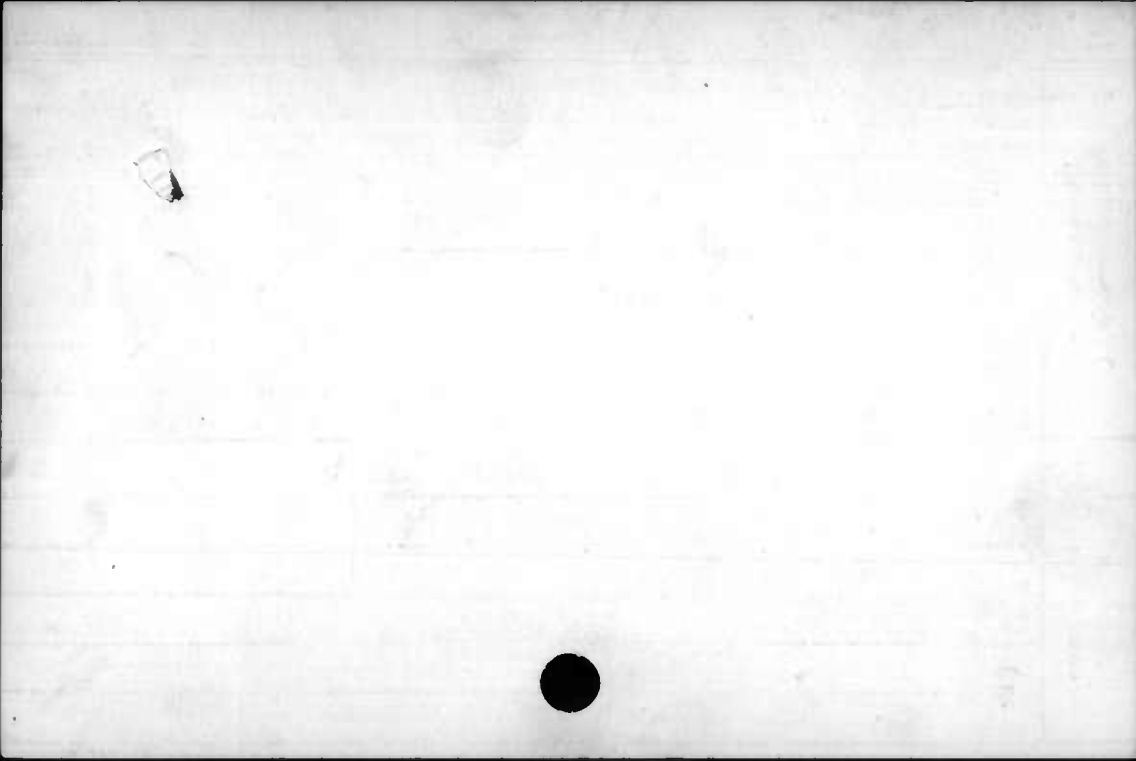
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Ridge</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>4</i>	Age <i>78</i>	Years <i>9</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Washington Co</i>			
Occupation <i>Fraimer</i>	Where Residing if not at place of death <i>Rock Ridge</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>John Clapper</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Nancy Dechance</i>	Mother's Birthplace <i>Med.</i>				
Name of person giving Information <i>John Clapper</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>abrasions on hand</i>	How long <i>a few days</i>
Immediate <i>Sepsicæmia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Amberson</i>
	Address <i>130 W. Main St Waynesboro Pa</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>5</i>	Day <i>23</i>	Age <i>3</i>	Years <i>3</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Harry L. Coffman</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Annie Porttetter</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Harry L. Coffman</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>6</i>
Immediate <i>Convulsions</i>	How long <i>10</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Markham</i>
	Address <i>Hagerstown md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

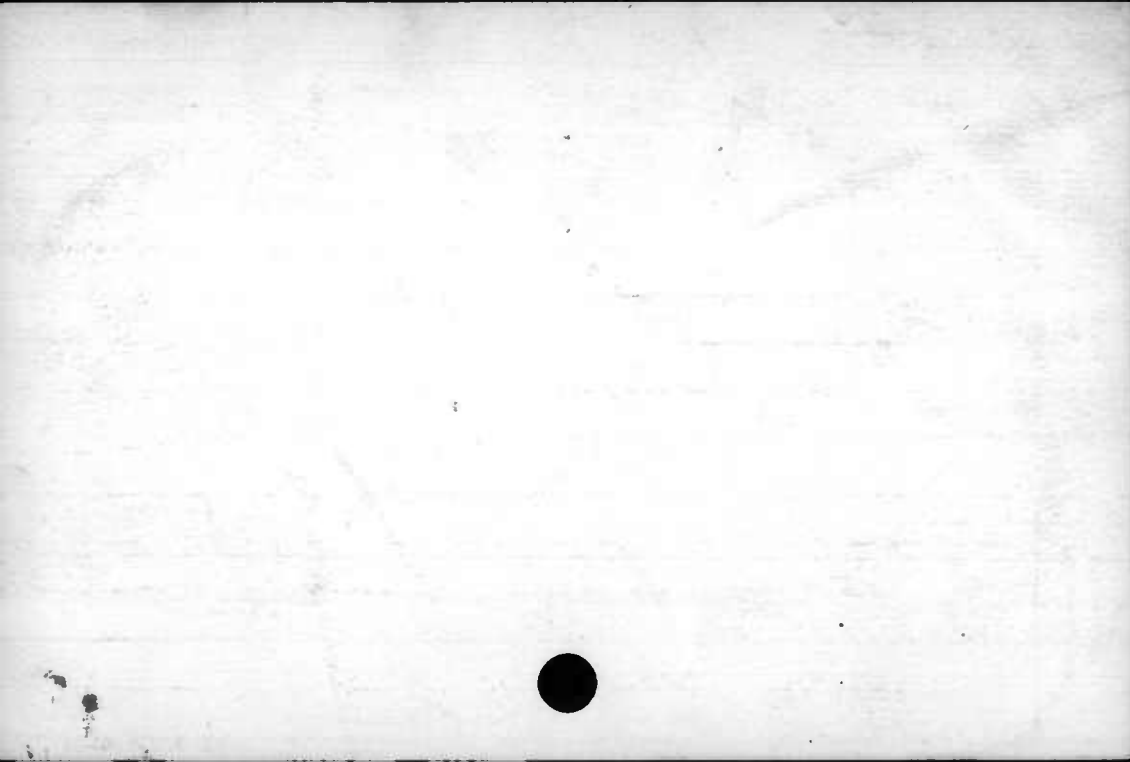
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND		
Date of death <i>1905</i>	Month <i>5</i>	Day <i>10</i>	Age <i>75</i>	Years <i>75</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Joshua Davis</i>				
Father's Name <i>Joshua</i>			Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>—</i>			
Name of person giving information <i>Joshua Davis</i>			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis + General debility</i>	How long	<i>I don't know</i>
Immediate	<i>Heart Failure</i>	How long	<i>I saw her first may 8th 1905</i>
Are the name, age, sex, color, date and place correctly given above? <i>I think so</i>		Signature of Physician <i>J. E. Pitschogle</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide?			



Name
in
Full

Mary Rebecca Delander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hagerstown*

Town

Washington

County

MARYLAND

Date

of death *1903*

Month

5

Day

20

Years

Age

3

Months

7

Days

28

Sex

*Female*Color or
Race*White*Birth-
place*MD*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Charles W. Delander*Father's
Birthplace*MD*Mother's
Maiden Name*Emma B. Brown*Mother's
Birthplace*MD*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Tubercular meningitis

How long

Three days

Immediate

Tubercular

How long

*Three*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Chas. A. Ryle MD

Accident or Suicide?



Name
in
Full

Ola May Easton

CERTIFICATE OF DEATH

Died at Looust Grove ^{Town}Washington ^{County}State
MARYLANDDate
of death 1905 5 5Day
19 Age

Years

Months

Days

Sex FemaleColor or
Race WhiteBirth-
place Looust-GroveOccupation NoneWhere Residing if not
at place of deathLooust-Grove~~Married~~ Single
or WidowedName of Wife or
HusbandFather's
Name Harry EastonFather's
Birthplace RobrussvilleMother's
Maiden Name Alida ReaderMother's
Birthplace Looust-GroveName of person giving
In formation John ReaderHow related
to deceased Grandfather

CAUSES OF DEATH

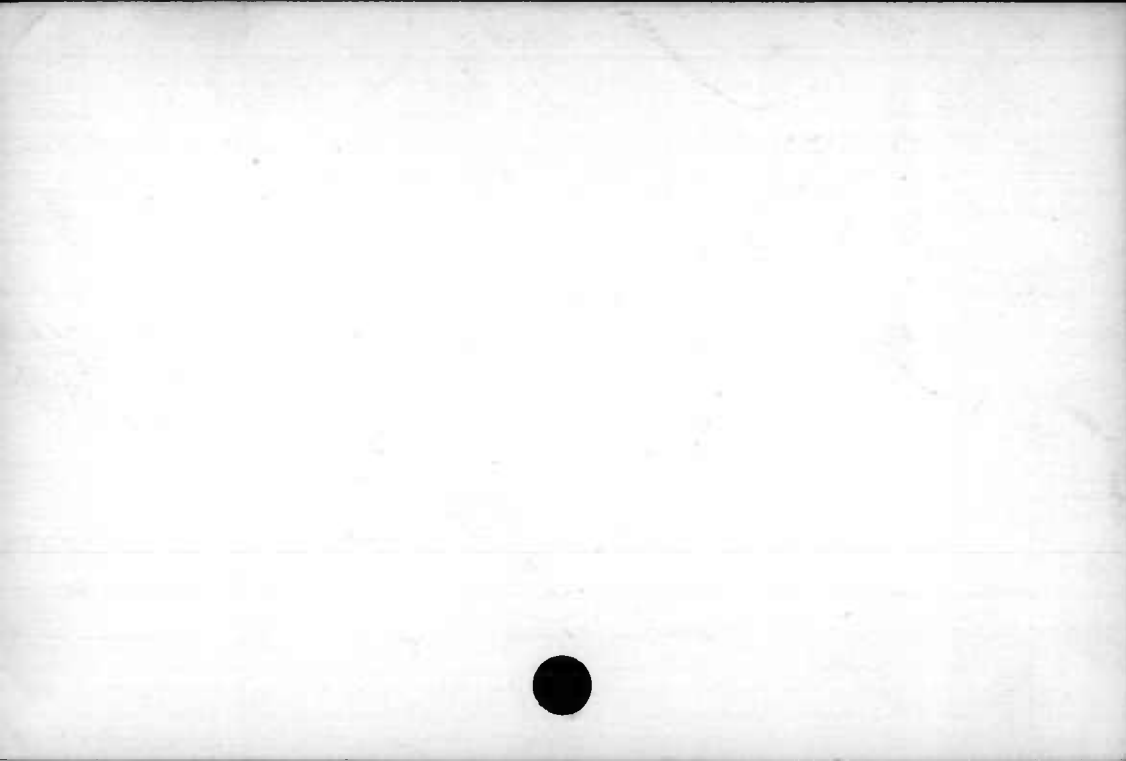
Primary PertussisHow long Four weeksImmediate Broncho PneumoniaHow long Ten daysAre the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician E. T. Smith

Address

Burnsboro

Accident or Suicide?

IndTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James Edem</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1908-5-28</i>		Month <i>5</i>		Day <i>28</i>		Age <i>66</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place		Months <i>—</i>	
Occupation		Where Residing if not at place of death		Days <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Joseph Edem</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elna Hall</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Margaret Edem</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

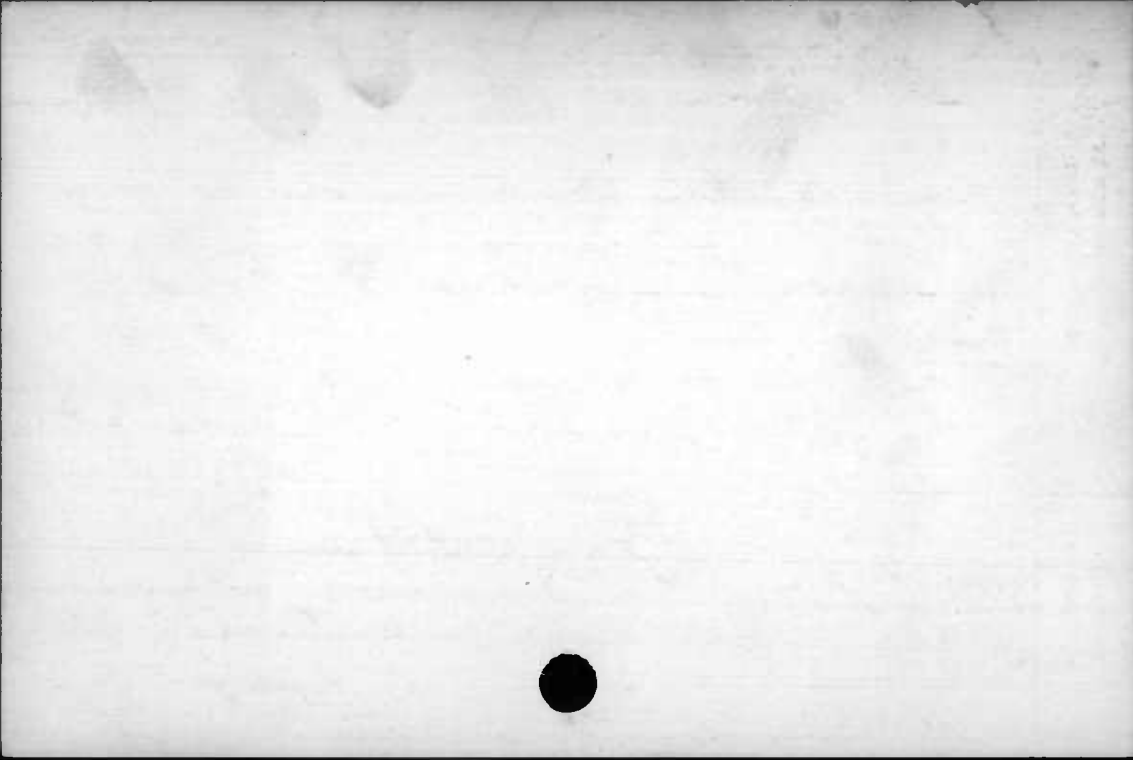
Primary Cause <i>Chronic Endocarditis</i>		How long <i>19</i> years	
Immediate Cause <i>Cardiac Dehydration</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. A. ...</i>	
Address <i>Hagerstown, Md</i>			
Accident or Suicide? <i>—</i>			

Halfway

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Mrs Ann S. Fiercy.		Town Hagerstown		County Wash.		CERTIFICATE OF DEATH	
Died at Hagerstown		Month May		Day 9		MARYLAND	
Date of death 1905		Age 84		Years 84		Months —	
Sex female		Color or Race white		Birth-place Md.		Days —	
Occupation H. W.		Where Residing if not at place of death —					
Married, Single or Widowed widow		Name of Husband Beng. F. Fiercy					
Father's Name Henry Beckley		Father's Birthplace Balto. Co					
Mother's Maiden Name Mary Hogmire		Mother's Birthplace Washington Co					
Name of person giving information Miss Jennie Fiercy		How related to deceased daughter					
CAUSES OF DEATH							
Primary		Nephritis				How long	
Immediate		Nephritis				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician A. S. Mason			
				Address Hagerstown Md.			
Accident or Suicide?							



Name in Full		Evelene Friese				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at $2\frac{1}{2}$ miles S		Town <i>Sharpshurg</i>		County <i>Washington</i>	
		Date of death <i>1905 May 5</i>		Month <i>May</i> Day <i>5</i>		Age <i>65</i> Years	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
		Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Resided where she died.</i>			
		Married, Single <i>Widowed</i>		Name of Wife or Husband <i>James Friese</i>			
		Father's Name <i>John Snyder</i>		Father's Birthplace <i>Maryland</i>			
		Mother's Maiden Name <i>Susana Crampton</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Elizabeth Friese</i>		How related to deceased <i>Daughter.</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Organic Heart Disease</i>		How long <i>Years</i>			
		Immediate <i>Grippe</i>		How long <i>6 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>E. M. Gurnett</i>		Address <i>Sharpshurg, Ind.</i>	
		Accident or Suicide?					

Eugene Marker,
Undertaker,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frankfort</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>10</i>	Age <i>22</i>	Months <i>8</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frankfort</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John G. Gimple</i>			Father's Birthplace <i>Frankfort</i>		
Mother's Maiden Name <i>Margaret G. Rodman</i>			Mother's Birthplace <i>Fredrick Co</i>		
Name of person giving information <i>John G. Gimple</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>5 days</i>
Immediate <i>Heart Failure</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. G. M. J. M. J.</i>
	Address <i>Frankfort</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Stephen G. Grams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burnside Bridge</i>		Town <i>Washington</i>		County <i>Tau</i>		MARYLAND	
Date of death	<i>1903</i>	Month <i>May</i>	Day <i>31</i>	Age <i>30</i>	Years	Months <i>4</i>	Days <i>2</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Sharpsburg</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Gertrude Grams</i>			
Father's Name	<i>Frank Grams</i>				Father's Birthplace	<i>Barkitsville</i>	
Mother's Maiden Name	<i>Annie R. Bantz</i>				Mother's Birthplace	<i>Shepherdstown</i>	
Name of person giving Information	<i>Frank Grams</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Balantitis</i>	How long	<i>Since Aug. 1903.</i>
Immediate	<i>Inguinal Abscess</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>G. M. Gurnett.</i>
		Address	<i>Sharpsburg Md.</i>
Accident or Suicide?			

Chas. S. Wade
Undertaker

Name
in
Full

Ambrose A Gray

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown^{County} Wash

MARYLAND

Date
of death 1905

Month 5

Day 8

Age 35

Years

Months

Days

Sex male

Color or
Race whiteBirth-
place Penna

Occupation Painter

Where Residing if not
at place of deathMarried, Single
or Widowed marriedName of Wife or
Husband

Mrs Emma Gray

Father's
Name Wallace A GrayFather's
Birthplace PennaMother's
Maiden Name Jane StewartMother's
Birthplace "Name of person giving
In formation Mrs Emma GrayHow related
to deceased wife

CAUSES OF DEATH

Primary

Hypertrophy of heart with Valvula, lesion, several months

Immediate

Valvular insufficiency -

Are the name, age, sex, color, date
and place correctly given above?

Yes

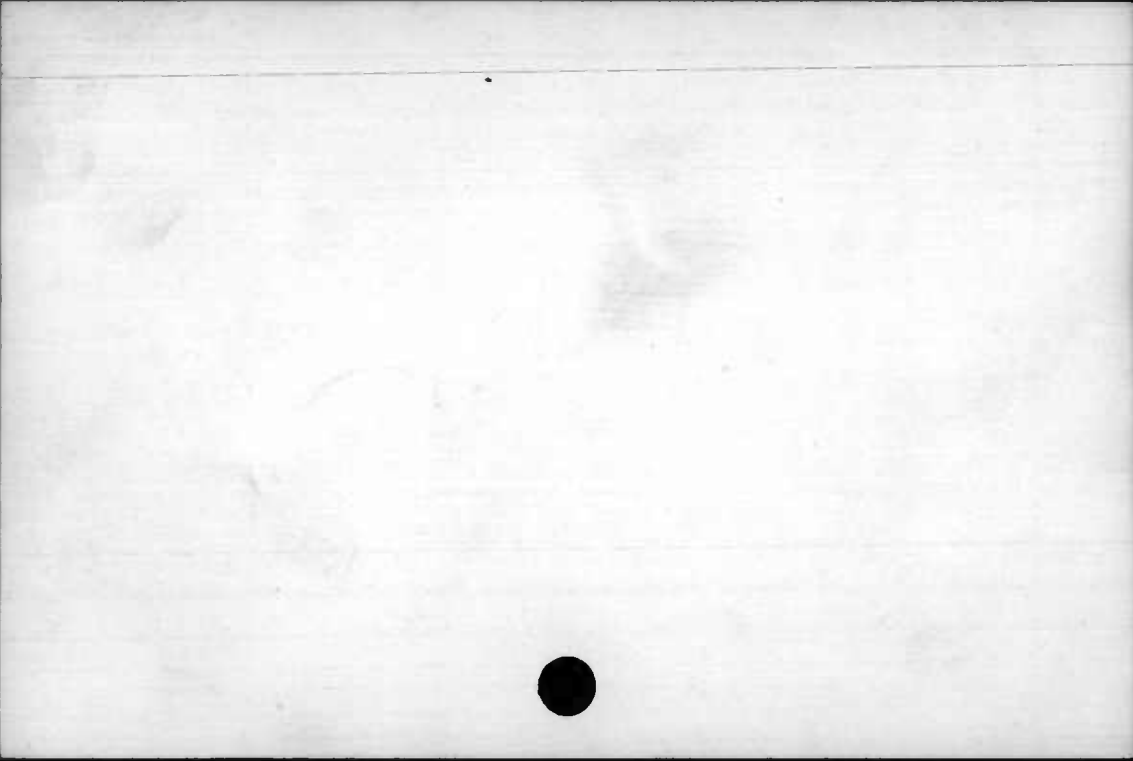
Signature of
Physician

Address

O. W. Lagace
Hagerstown, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Mary Catherine Grommelle

CERTIFICATE OF DEATH

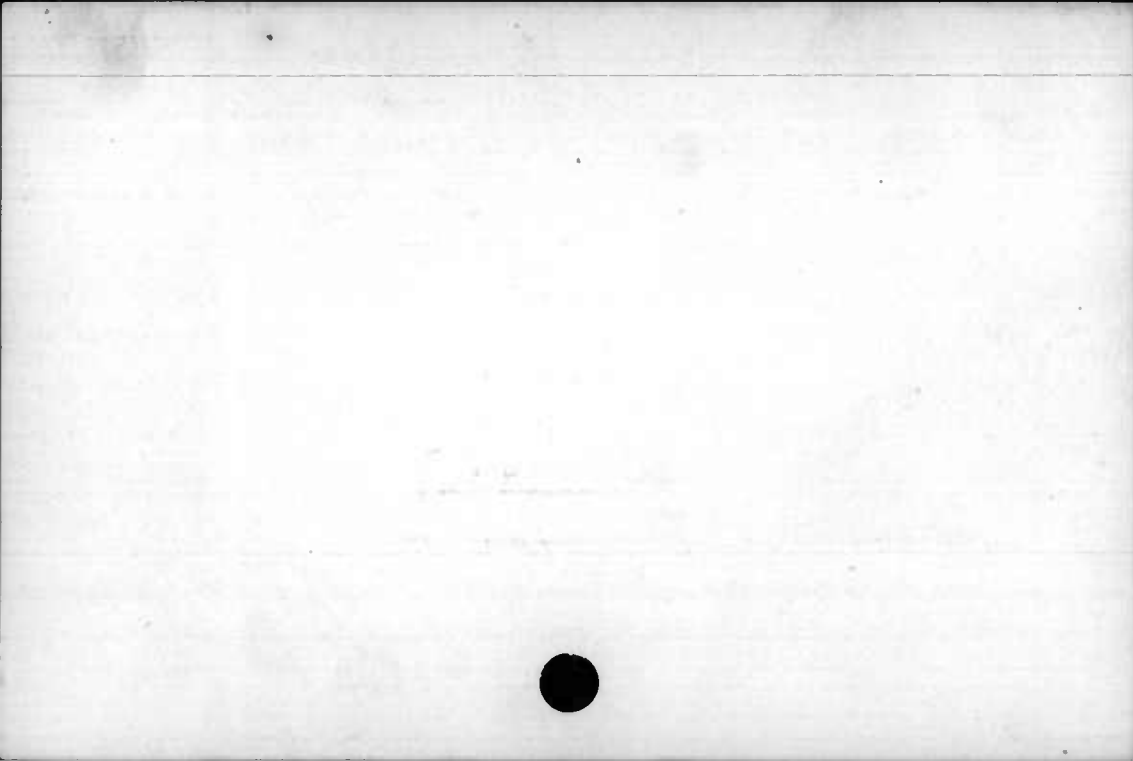
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Beaver Creek		County Washington		MARYLAND	
Date of death		Month May	Day 14	Age Still Born,		Months	Days
Sex Female		Color or Race White		Birth-place Maryland			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Howard S. Grommelle		Father's Birthplace Maryland.					
Mother's Maiden Name Maggie D. Eccard		Mother's Birthplace Maryland.					
Name of person giving information Howard S. Grommelle		How related to deceased Father.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born (7 mos) S.	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician J. Hubert Wades
		Address Bonesboro, Md.
Accident or Suicide?	No.	



Name
in
Full

Lottie Harshman

CERTIFICATE OF DEATH

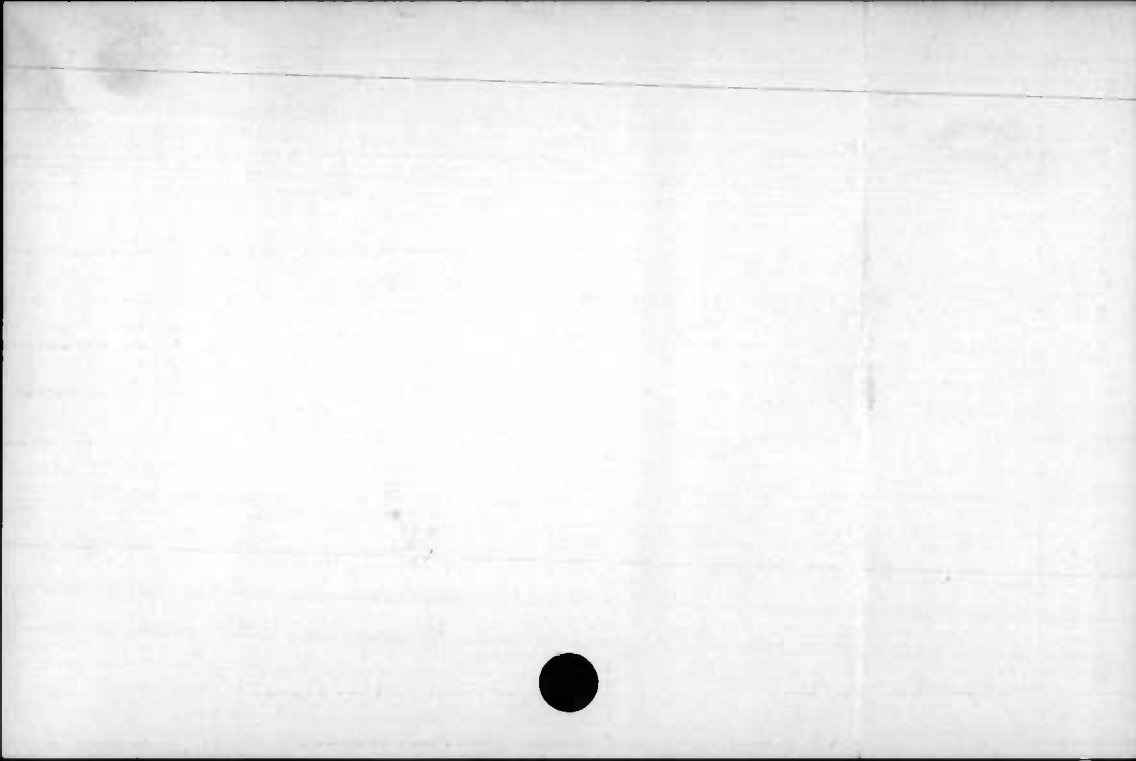
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Beaver Creek		County Washington		MARYLAND	
Date of death 1905		Month May	Day 25	Age Years		Months	Days
Sex Female		Color or Race White		Birth- place Maryland			
Married, Single or Widowed Single		Occupation None					
Name of Wife or Husband							
Father's Name Emory Harshman				Father's Birthplace Maryland			
Mother's Maiden Name Mollie Eccard				Mother's Birthplace Maryland			
Name of person giving In formation Emory Harshman				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	5 days
Immediate	Spasms	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Hubert Wade, M.D.	
Address		Brousboro. Ind.	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mary E. Hart*

Died at *Big Spring* *Wash* County

Date of death *1906* *May* *2* *Age 76* Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Jacob Hart*

Father's Name *Jack Davis* Father's Birthplace *Ind*

Mother's Maiden Name *Eva Heller* Mother's Birthplace *Ind*

Name of person giving information *Levi Hart* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart disease* How long *Three years*

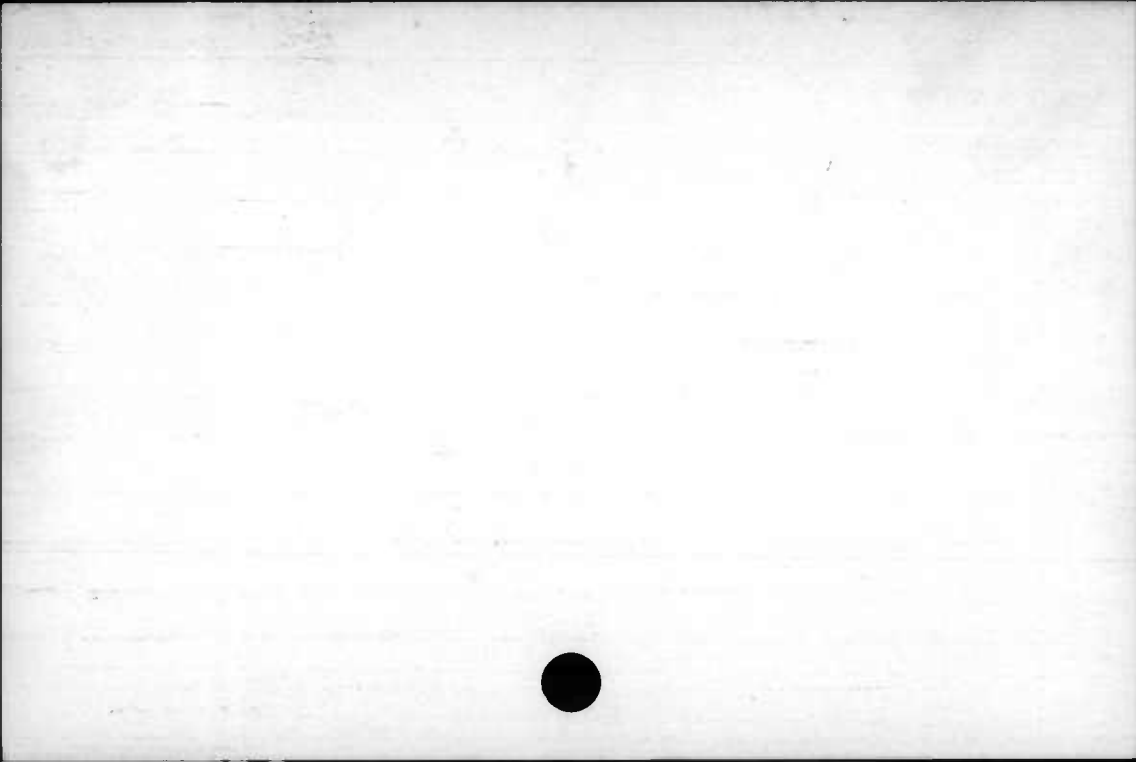
Immediate *Exhaustion* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Abraham Shank*

Address *Clearspring*
Washington Co Ind

Accident or Suicide? *No*



Name
in
Full

Calvin Morgan Harvey

No 249

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hayetts X Pike		County Washington		MARYLAND	
Date of death 190	5	Month May	Day 25	Age 69	Years	Months	Days
Sex	Male		Color or Race	Black		Birth- place	Richmond Va
Married, Single or Widowed	Widower			Occupation	Farmer		
Name of Wife or Husband	Melanda Sanders						
Father's Name	Isaac Harvey				Father's Birthplace	Richmond Va	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving In formation	Richard Harvey				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis		How long	Four weeks	
Immediate	Prostration		How long	one day.	
Are the name, age, sex, color, date and place correctly given above?			Yes		
Signature of Physician			Dr. Richard J. Williams		
Address			Williamsport Md		
Accident or Suicide?			No		

J F Thayer.

Name in Full Emma Ruth Hoover		CERTIFICATE OF DEATH	
Died at Greensburg Town		County Washington	
Date of death 1905-5-1		Age 2 Years Months 11 Days	
Sex Female		Color or Race White	
Occupation None		Birth-place Greensburg	
Where Residing if not at place of death Greensburg			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Carson Hoover		Father's Birthplace Edgemount	
Mother's Maiden Name Rebecca Eschelman		Mother's Birthplace Seaford	
Name of person giving information Rebecca Hoover		How related to deceased Mother	
CAUSES OF DEATH			
Primary Thrush		How long 2 Weeks	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Geo. B. Hoover Undertaker	
Address Smithsburg Md.			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>5</i>	Day <i>31</i>	Age <i>82</i>	Years	Months <i>3</i>	Days <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Margaret Hunt</i>					
Father's Name <i>Jacob</i>		<i>Hendrick</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Mary</i>		<i>Steisner</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	advanced age + Parkinson's disease
Immediate	advanced age / Parkinson's
Are the name, age, sex, color, date and place correctly given above?	yes
	Signature of Physician

How long

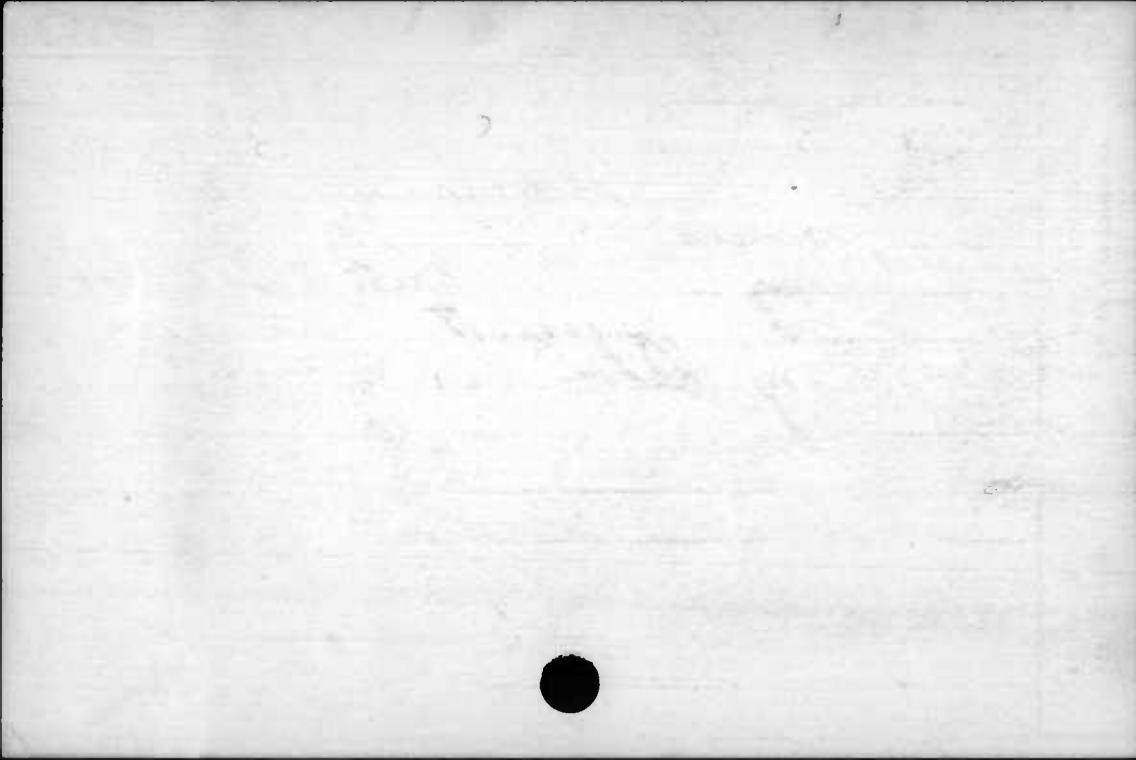
How long one day

Signature of Physician

Address

~~Accident or Suicide?~~

LIBRARY BUREAU ADDRESS



Name
in
Full

CERTIFICATE OF DEATH

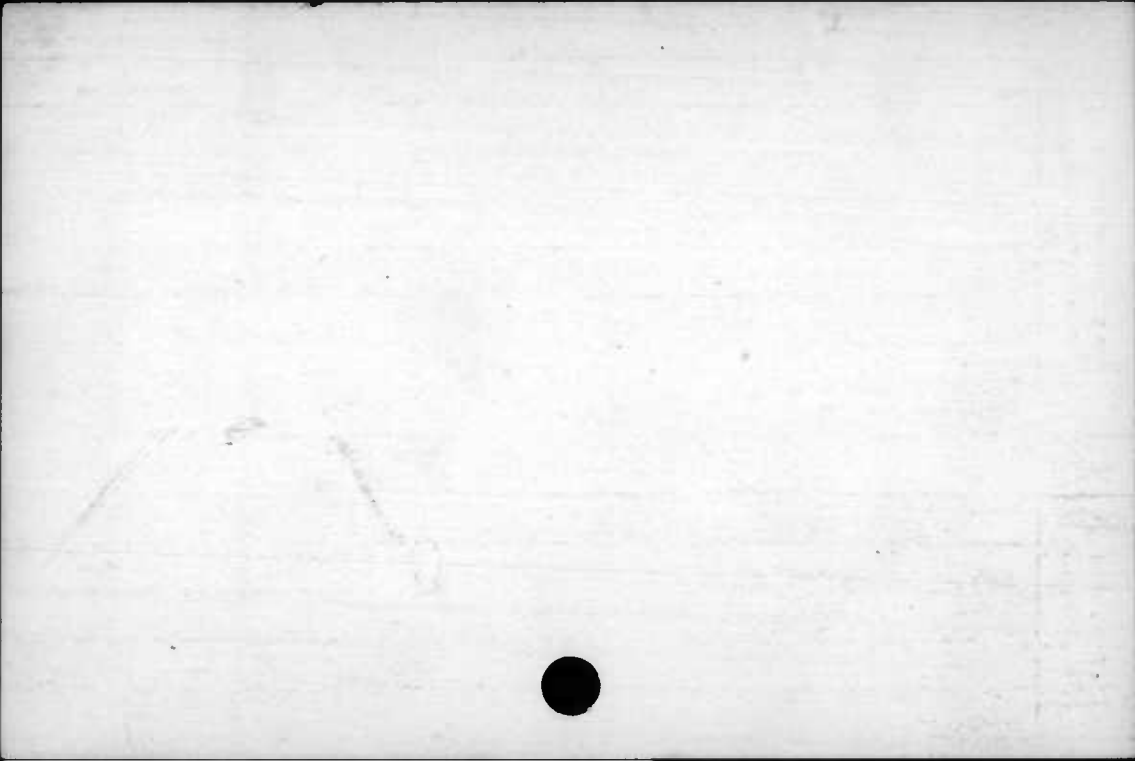
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Johnson</i>		Town <i>Leitersburg</i>		County <i>Washington</i>		MARYLAND					
Died at <i>Leitersburg</i>		Month <i>May</i>		Day <i>18</i>		Age <i>71</i>		Months <i>4</i>		Days <i>18</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>South Carolina</i>					
Occupation <i>Laborer</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ann B. Johnson</i>									
Father's Name <i>Not known</i>		Father's Birthplace <i>Unknown</i>									
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>									
Name of person giving information <i>David A. Johnson</i>		How related to deceased <i>Son.</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>		How long <i>Two years</i>	
Immediate <i>Dropsy</i>		How long <i>seven weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Wishard</i>	
		Address <i>Leitersburg, Md.</i>	
Accident or Suicide?			



Name in Full John W. Kelley		Town Clear Spring		County Wash		CERTIFICATE OF DEATH	
Died at		Date of death 1905		Age 28		MAYLAND	
Sex Male		Color or Race White		Birth-place Ind		Months 9	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name John H. Kelley		Father's Birthplace Ind					
Mother's Maiden Name Leethia M. Eichelberger		Mother's Birthplace Ind					
Name of person giving information Father		How related to deceased					
CAUSES OF DEATH							
Primary Tuberculous Meningitis		How long 4 weeks					
Immediate Eclampsia		How long Six hours					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician C. J. Mason		Address Clear Spring			
Accident or Suicide? —							



Name
in
Full

Manda Kindle

CERTIFICATE OF DEATH

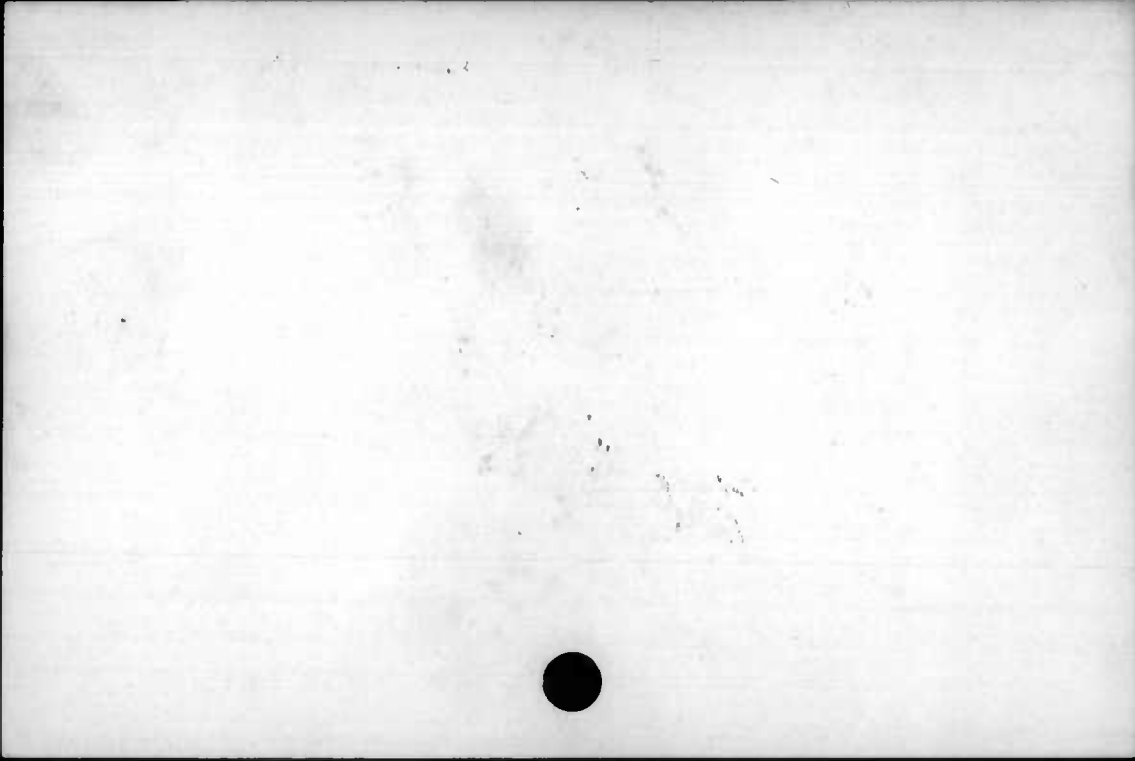
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Silghman Ton		County Washington		MARYLAND	
Date of death		1905	Month 5	Day 3	Age 14	Years 2	Months 14
Sex		female		Color or Race White		Birth-place Washington Co	
Occupation		house work		Where Residing if not at place of death Silghman Ton			
Married, Single or Widowed		single		Name of Wife or Husband X			
Father's Name		Simon Kindle		Father's Birthplace Virginia			
Mother's Maiden Name		Anna C Smith		Mother's Birthplace Washington Co Maryland			
Name of person giving information		Simon Kindle		How related to deceased Father			

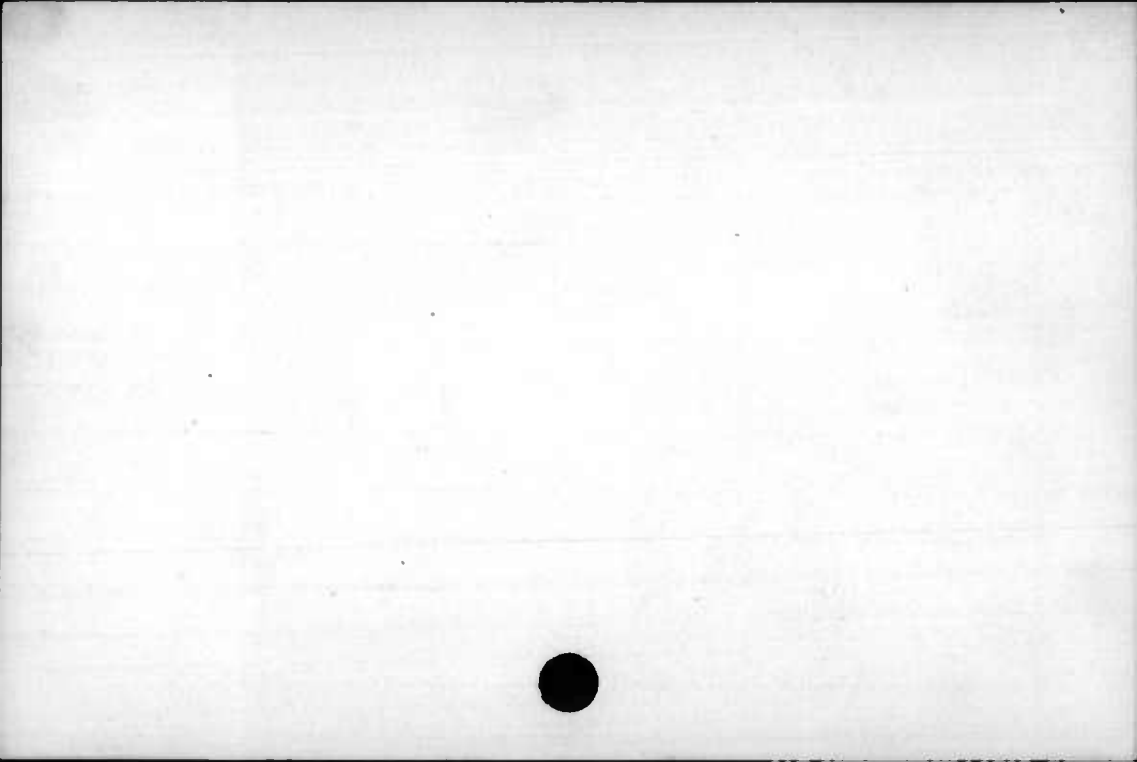
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Miliary Tuberculosis, 4 weeks		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. M. Reichard
			Address Fairplay,
Accident or Suicide?			



Name in Full		Grant Kline				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Indian Spring		Washington		MARYLAND
	Date of death		1908	Month 5	Day 2	Age	Years Months Days
	Sex		Male		Color or Race		White
	Occupation		Laborer		Birth- place		Md
	Married, Single or Widowed		Name of Wife or Husband		Where Residing If not at place of death		
	Father's Name		John Kline		Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving In formation				(18)		How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tuberculous Meningitis			How long	
	Immediate		Cardiac Failure			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
						Address	
Accident or Suicide?					B. J. Mason		
					Clearspring Md.		



Name in Full		Edward Eugene Lizer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Greenspring	County Washington		MARYLAND	
	Date of death		1905	Month May	Day 9	Age	Years 4
							Months 25
	Sex		male		Color or Race		White
	Occupation				Birth-place		Williamport Md
					Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Gertha Elsworth Lizer				Father's Birthplace	
Mother's Maiden Name		Blara Victoria Lize				Mother's Birthplace	
Name of person giving Information		C V Lize				How related to deceased	
						Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Whooping Cough				How long
	Immediate		Pneumonia				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		No Physician attending		
			Address		J. F. Kreps undertaker		
Accident or Suicide?							

Both entered in
Riverside Cemetery
Wellesport Ma

by
J F Kups
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Amelia Lout.*

Died at *Hagerstown* Town *Washington* County

Date of death *1905* Month *5* Day *13* Age *75* Years Months *2* Days

Sex *Female* Color or Race *white* Birth-place *Germany.*

Occupation *H.M.* Where Residing if not at place of death

Married, Single or Widowed *widow* Name of ~~Wife~~ Husband *George Lout.*

Father's Name *Bloomenour* Father's Birthplace

Mother's Maiden Name *Annie Garlinger* Mother's Birthplace

Name of person giving information *C. E. Lout* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Nephritis* How long *3 years*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm Preston Miller*

Address *Hagerstown, Md*

Accident or Suicide?



Name
in
Full

Harrison Parker McBe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bedford</i>		County <i>Jefferson</i>		State <i>MARYLAND</i>	
Date of death	1905	Month	May	Day	2
Age		58		Months	
Sex	Male	Color or Race	White	Birth-place	W Va
Occupation	Fireman		Where Residing if not at place of death	Brunswick Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Jennie McBe		
Father's Name	Zacariah McBe			Father's Birthplace	Va
Mother's Maiden Name	Mary Spoke			Mother's Birthplace	Va
Name of person giving information	Brook McBe			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Killed by car</i>		How long	<i>Instantly</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H S Hedley</i>		
		Address <i>Brunswick</i>		
Accident or Suicide?				



Name
in
Full

Violet M. Cauley

No 248

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frank Dellinger Farm</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1905	Month	May	Day	12	Age	Years —
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dellinger Farm</i>		Months	2
Occupation		Where Residing if not at place of death				Days	12
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>J. L. M. Cauley</i>		Father's Birthplace <i>Chewsville</i>					
Mother's Maiden Name <i>Ella Cochran</i>		Mother's Birthplace <i>Beaver Creek</i>					
Name of person giving Information <i>J. L. M. Cauley</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Infective Parotitis</i>	How long	<i>3 days</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B. H. Hagan</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>No</i>			

of F. H. H. H.

Name
in
Full

Elwood Harvey Keable Marty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *W Beaver Creek* ^{County} *Washington* **MARYLAND**Date of death **1905** Month *5-* Day *12* Age *2* Years Months *11* Days *4*Sex *Male* Color or Race *White* Birth-place *md*Occupation *Child* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Harvey K Marty* Father's Birthplace *md*Mother's Maiden Name *Anna Kate Stottler* Mother's Birthplace *md*Name of person giving information *Anna K Marty* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Whooping Cough followed* How longImmediate *Convulsions - by Anna Keable* How long

Are the name, age, sex, color, date and place correctly given above?

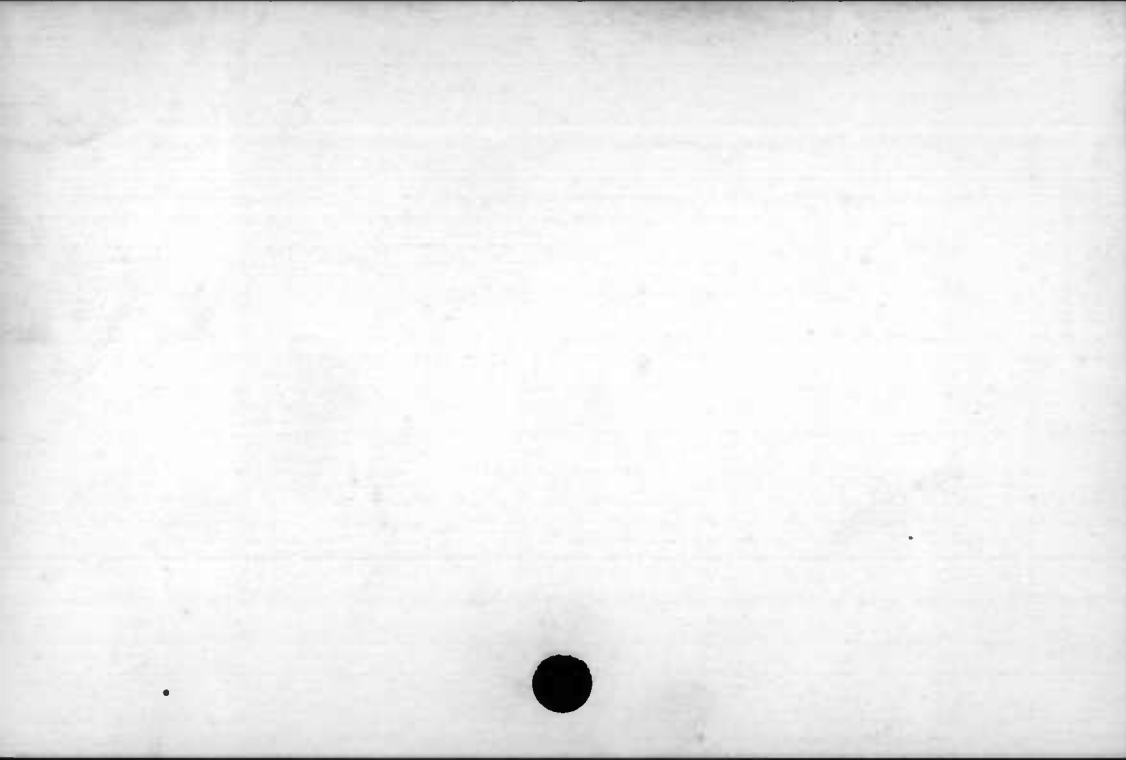
Signature of Physician

Address

S. S. Davis
Boonsboro
md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Harvey May Hugh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Manassas</i>		Town		<i>Hatch</i>		County	
Date of death <i>1905</i>		Month <i>May</i>		Day <i>19</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place		Months	
Occupation <i>Painter</i>		Where Residing if not at place of death <i>Did at Home</i>		Days		MAYLAND	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie E. May Hugh.</i>		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		How related to deceased <i>Son.</i>		6	
Name of person giving information <i>Arthur M. May Hugh.</i>		CAUSES OF DEATH		Primary <i>Internal injury</i>		How long <i>2 days</i>	
Immediate <i>Accidental</i>		Signature of Physician <i>F. E. Stynes.</i>		Address		How long	
Are the name, age, sex, color, date and place correctly given above?		Accident or Suicide?		LIBRARY BUREAU A88316			

PHYSICIAN
OR CORONER

8

Dr Stagers.

Name
in
Full

CERTIFICATE OF DEATH

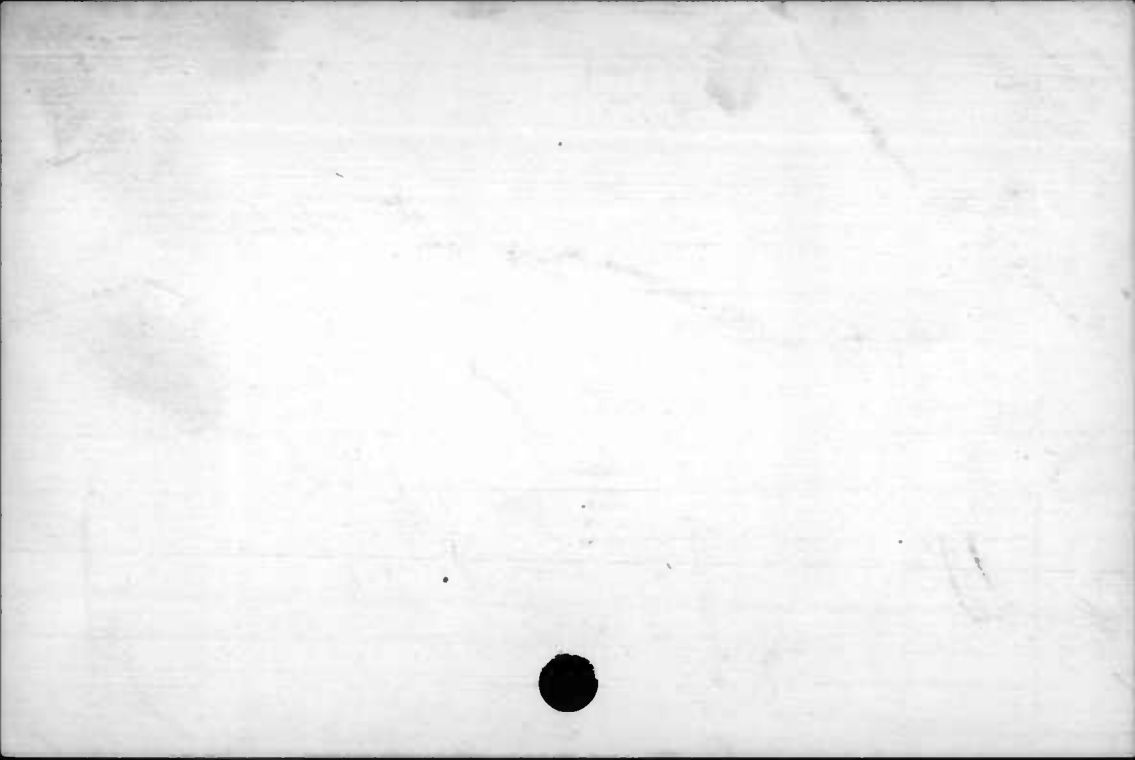
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1904</i>		Month <i>5</i>	Day <i>6</i>	Years <i>14</i>	Months <i>11</i>	Days <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Alexander C. Melli</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Annie M. Brock</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Alan Melli</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>7 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ch. Schuer</i>
	Address <i>City</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

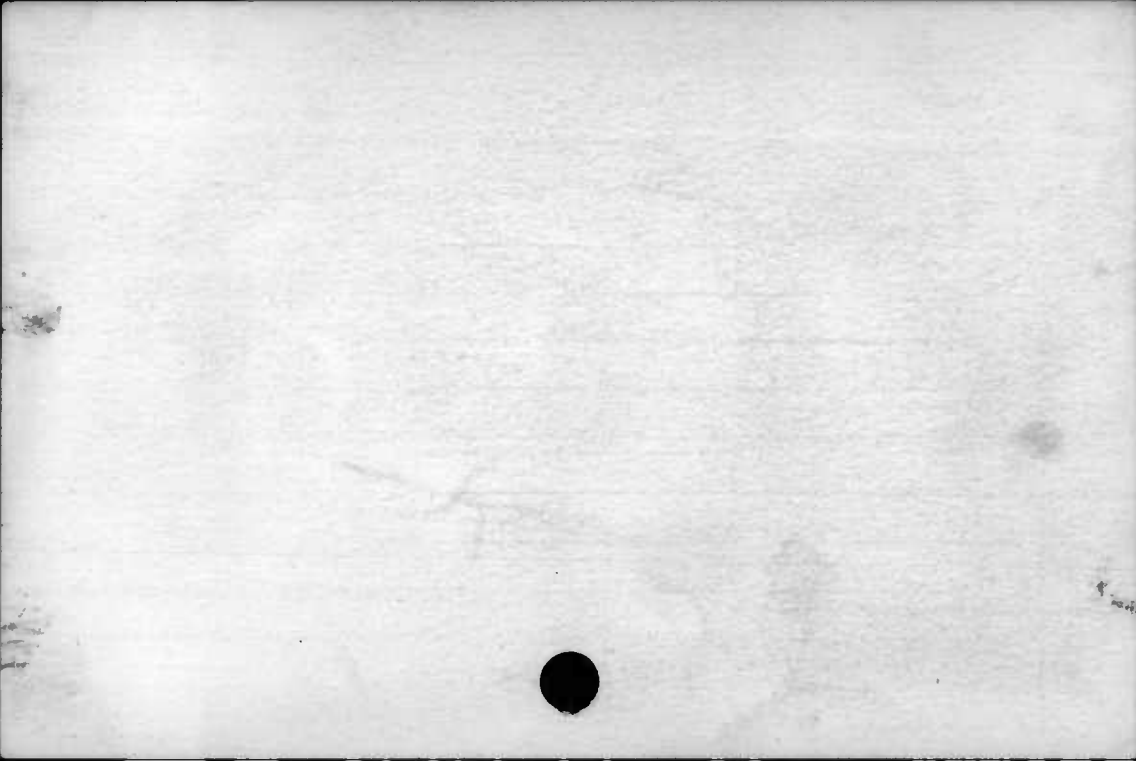
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E. Needy</i>		Town <i>Brownboro</i>		County <i>Washington</i>		MARYLAND		
Died at		Date of death <i>1905</i>		Month <i>May</i>	Day <i>4</i>	Years <i>52</i>	Months <i>--</i>	Days <i>--</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wash. Co.</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death						
Married, <i>Single</i>		Name of Wife or Husband <i>David Needy</i>						
Father's Name <i>Jacob Griffe</i>		Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Clara Everett</i>		Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>David Needy</i>		How related to deceased <i>Husband</i>						

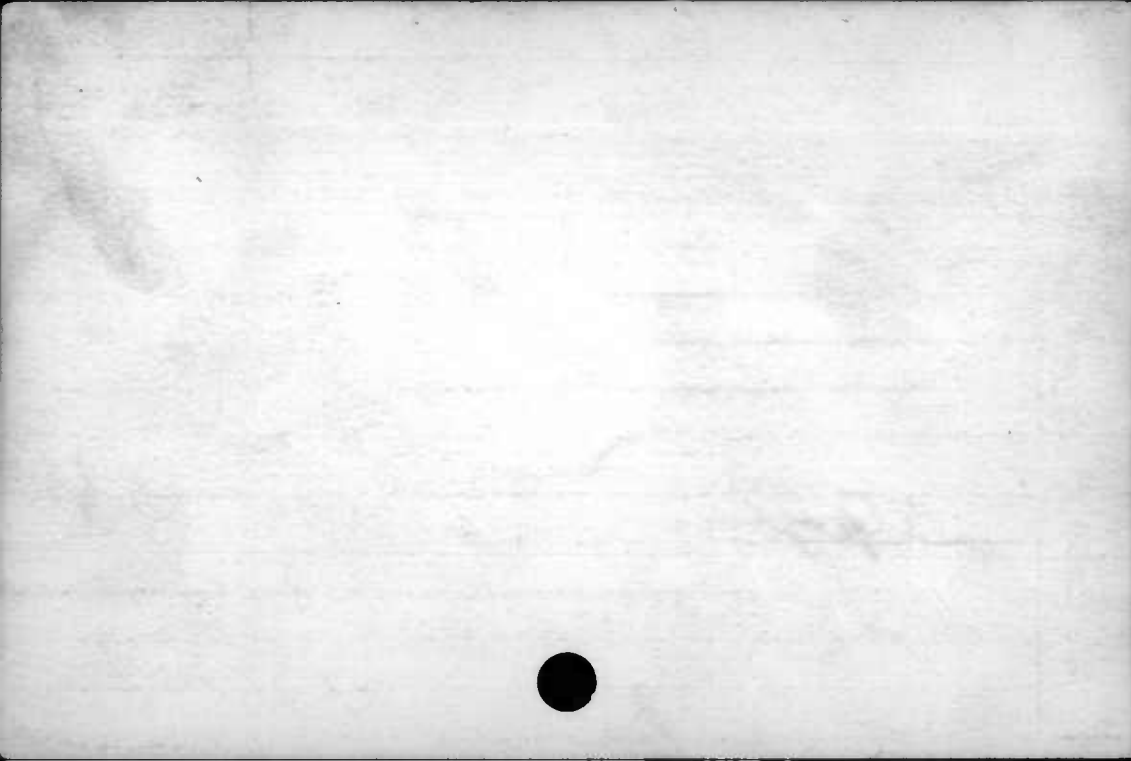
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Appendicitis</i>	How long	<i>Six days</i>
Immediate	<i>Peritonitis</i>	How long	<i>Twenty four hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. J. Smith</i>
		Address	<i>Brownboro Md.</i>
Accident or Suicide?			



Name in Full		Alcindia Lindsay Norris				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Sandy Hook		County		Washington	
	Date of death		1905 May		Age		76	
	Sex		Color or Race		Birth-place		Va	
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband		John Norris			
PHYSICIAN OR CORONER	Father's Name		William Heskett		Father's Birthplace		Va	
	Mother's Maiden Name		Blaney Crammel		Mother's Birthplace		Va	
	Name of person giving information		Emma Hawkins		How related to deceased		Daughter	
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Cerebrovascular Apoplexy		How long		6 days	
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		F. M. Phillips M.D.	
	Accident or Suicide?				Address		Harpers Ferry W. Va.	



Name
in
Full

CERTIFICATE OF DEATH

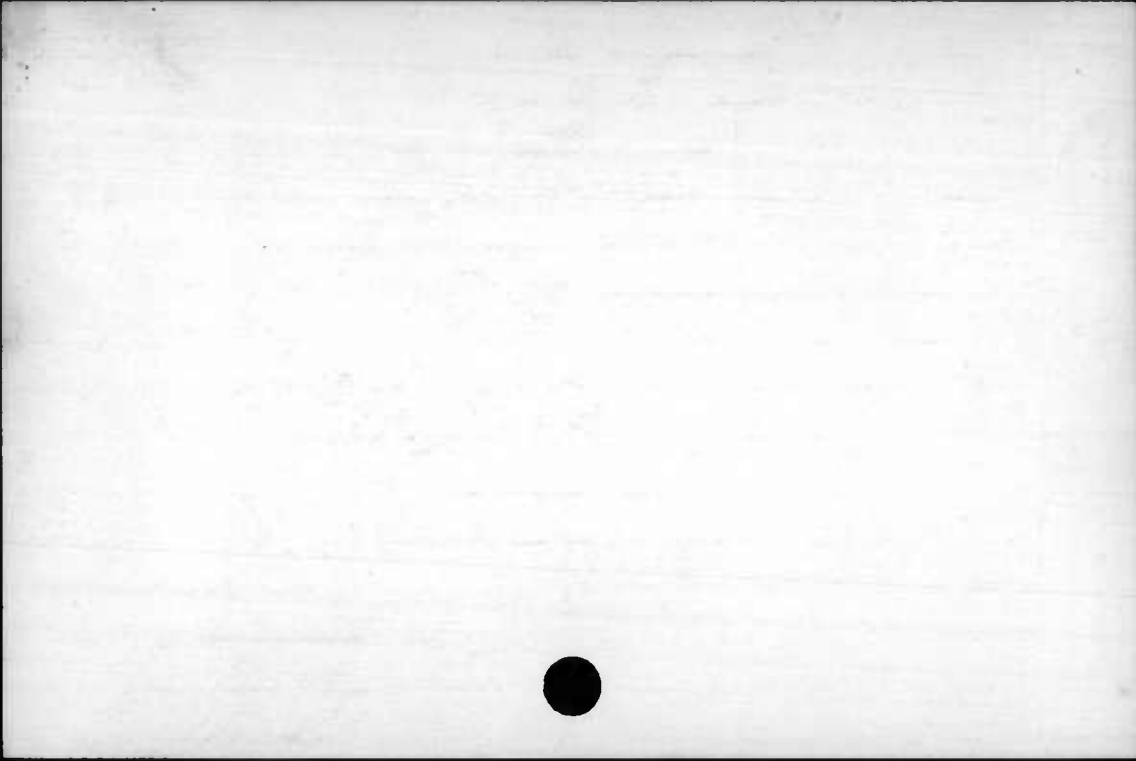
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Lilly C Oswald</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>15</i>		Day <i>1</i>		Age <i>49</i>	
Date of death <i>1905</i>		Years <i>49</i>		Months		Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i>H.V.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Geo B. Oswald.</i>					
Father's Name <i>John Gumbert</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Christiana Hookingland</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Geo B. Oswald</i>		How related to deceased <i>husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>6</i>
Immediate	<i>Yes</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. P. Scott</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name Mrs Mary Peterman		Town Hagerstown		County Washington		State Maryland	
Died at Hagerstown		Month 5-		Day 20		Years 68	
Date of death 1905		Month 5-		Day 20		Years 68	
Sex Female		Color or Race White		Birth- place Md		Months -	
Occupation Housework		Where Residing if not at place of death		Days -			
Married, Single or Widowed Married		Name of Wife or Husband John P. Peterman		Father's Birthplace Md		Mother's Birthplace Md	
Father's Name John P. Peterman		Mother's Maiden Name Anna Prather		How related to deceased Husband			
Name of person giving Information John P. Peterman							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Insufficiency of Mitral Valve	How long 2 years
Immediate Exhaustion	How long Less than an hour
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician O. H. Nagare
	Address Hagerstown, Md.
Accident or Suicide?	

Hapstare

Name
in
Full

CERTIFICATE OF DEATH

Stillie Pryor

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

5

11

Age

—

—

—

Sex

Female

Color or
Race

Colored

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Henry Pryor

Father's
Birthplace

Na

Mother's
Maiden Name

Annie Keys

Mother's
Birthplace

md

Name of person giving
in formation

Annie Pryor

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Still born & S.

How long

—

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

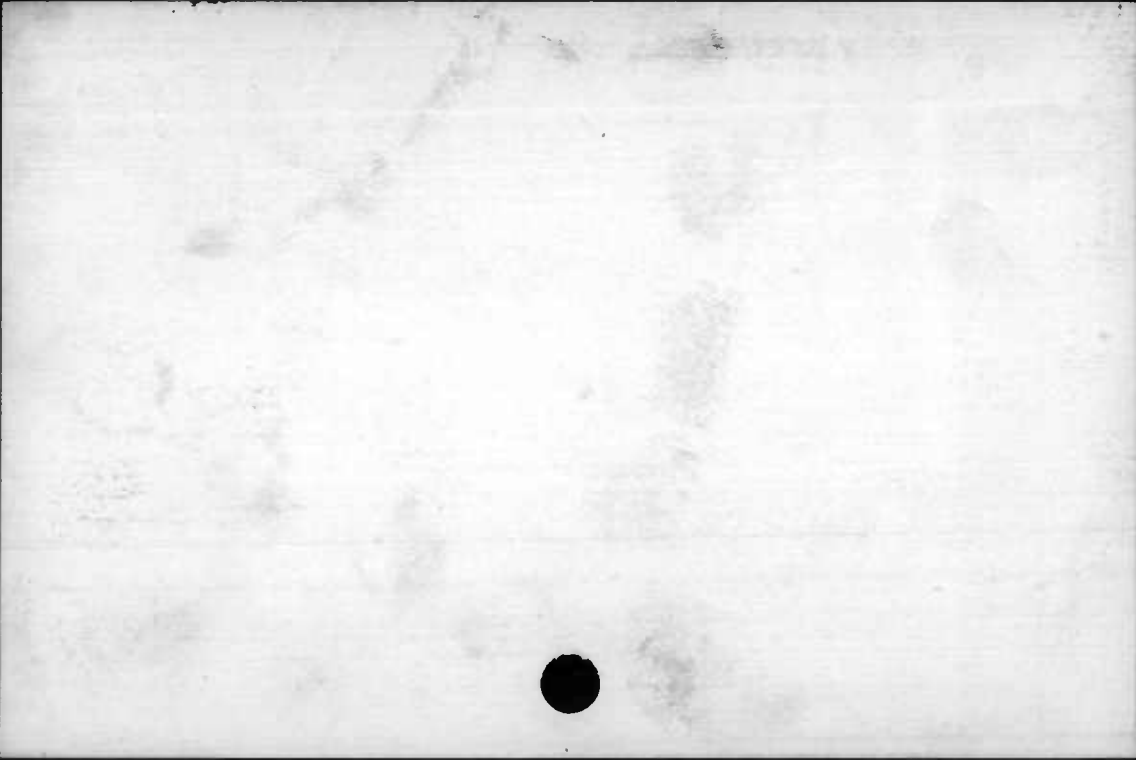
Address

*Dr. Huggeman
Hagerstown Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

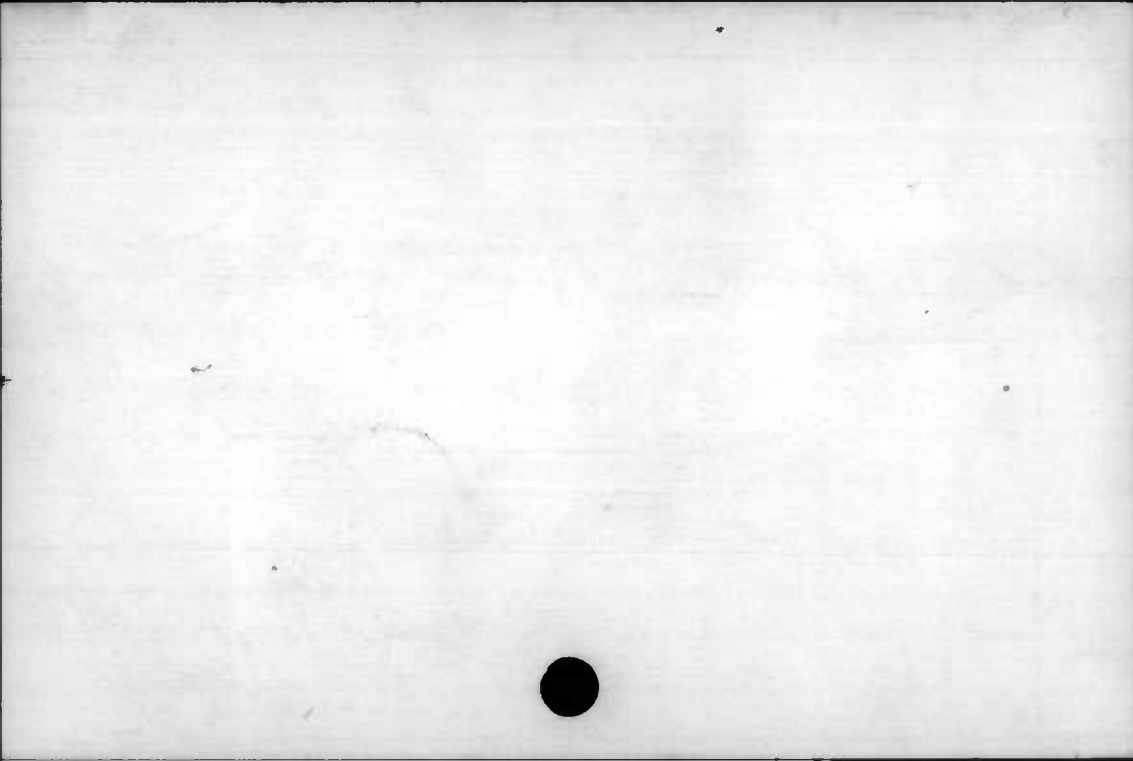
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Reed</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>May</i>		Day <i>6</i>		Years <i>73</i>	
Date of death <i>1905</i>		Age <i>73</i>		Months <i>4</i>		Days <i>5</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Penn</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife <i>Margaret Reed</i>					
Father's Name <i>Not Known</i>		Father's Birthplace					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace					
Name of person giving In formation <i>Margaret Reed</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis & Nephritis</i>		How long <i>3 years</i>	
Immediate <i>General Exhaustion -</i>		How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Victor D. Miller Jr.</i>	
		Address <i>Hagerstown, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Leonococheague Wash* Town CountyDate of death *1906* Month *May* Day *2* Age *62* Years Months DaysSex *Male* Color or Race *White* Birth-place *Ind*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Miss Middleleaf*Father's Name *John Renner* Father's Birthplace *Ind*Mother's Maiden Name *Matilda Richard* Mother's Birthplace *Ind*Name of person giving information *Henry Renner* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Nervious Prostration* How long *6 weeks*Immediate *6-72* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. Schenckly*Address *WilliamSPORT**Frank Bond*

Accident or Suicide?

Accidental



Name
in
Full

Margaret Reynolds

CERTIFICATE OF DEATH

Died at Chewsville District Washington

MARYLAND

Date of death 1904 5th 26th Age 76 Months Days

Sex Female Color or Race White Birth-place Md

Occupation

Where Residing if not
at place of death

Married, Single or Widowed Widow Name of Wife or Husband Daniel Reynolds

Father's Name Robert Lumm Father's Birthplace Mdland

Mother's Maiden Name Mary Beard Mother's Birthplace Pa

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary Asthenia How long Old age -

Immediate Septicemia How long 9 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm A Quinn

Address Chewsville

Accident or Suicide?

Nash C Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

B Creek

Name
in
Full

Russell H Ridenour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Hagerstown* ^{County} *Washington* *Maryland*

Date of death 1903 ^{Month} *5-* ^{Day} *11* Age ^{Years} *3-* ^{Months} *8* ^{Days} *11*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Child* Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*William Ridenour*Father's
Birthplace*MD*Mother's
Maiden Name*Educa Funk*Mother's
Birthplace*MD*Name of person giving
In formation*Educa Ridenour*How related
to deceased*Mother*

CAUSES OF DEATH

Primary ?

Drowning

How long

-

Immediate

Suppression

How long

*-*Are the name, age, sex, color, date
and place correctly given above?*Yrs.*Signature of
Physician

Address

*Victor D. Miller, Jr.**Hagerstown**MD*

Accident or Suicide?

*accident*PHYSICIAN
OR CORONER

Hasstoun

Name
in
Full

CERTIFICATE OF DEATH

David Henry Rudisill

Town

County

Died at Frankstown

Washington

MARYLAND

Date of death 1905 May 7

Age

Years

Months

Days

Sex Male

Color or
Race

white

Birth-
place

Frankstown

Occupation

Where Residing if not
at place of death

Frankstown

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Shadritch Rudisill

Father's
Birthplace

Smithburg

Mother's
Maiden Name

Blair Myers

Mother's
Birthplace

Smoke Run

Name of person giving
Information

Shadritch Rudisill

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

Mitral disease heart

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

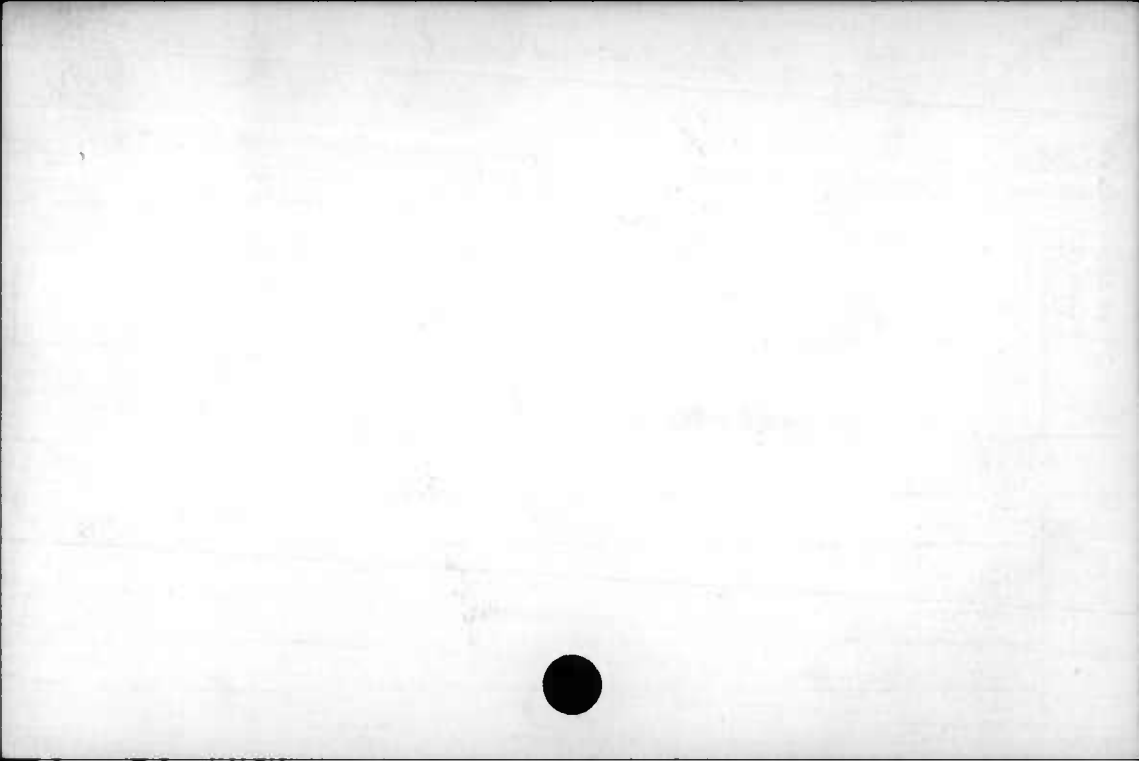
Address

C. J. Ungewitter
Frankstown
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

James Santman

CERTIFICATE OF DEATH

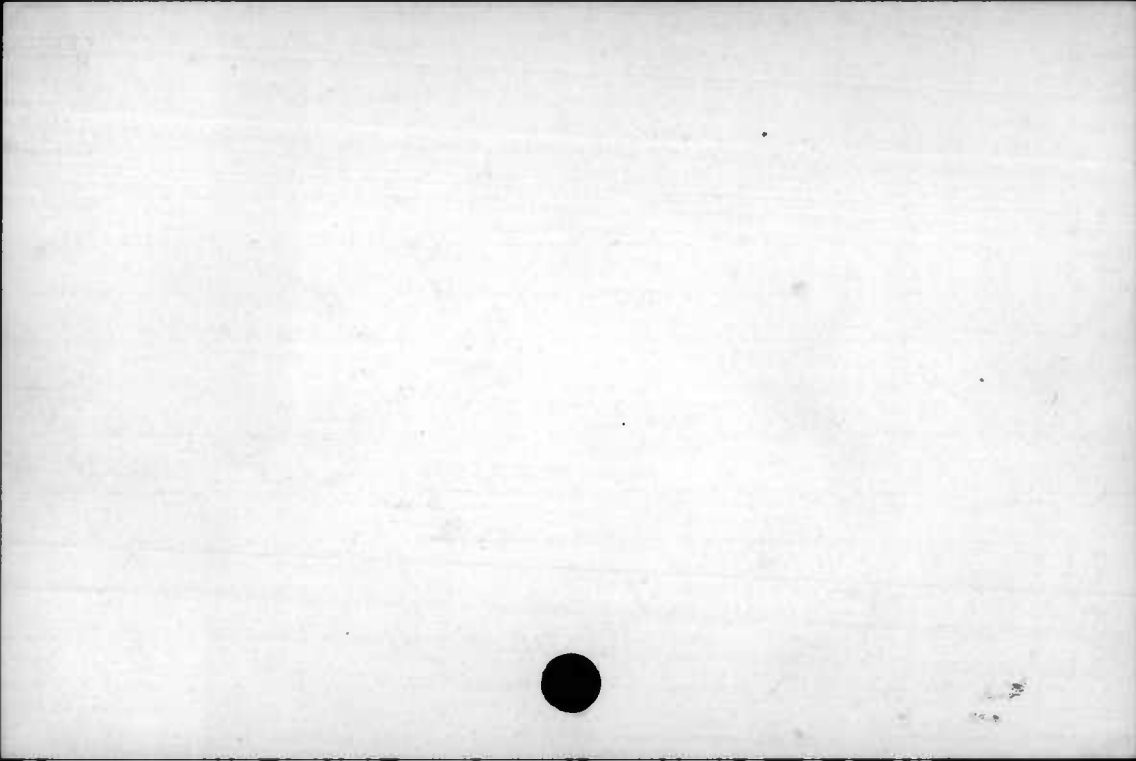
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fair Play</i>		Town <i>Washington</i>		County		MARYLAND		
Date of death <i>1905</i>	Month <i>5</i>	Day <i>16</i>	Age	Years <i>63</i>	Months <i>10</i>	Days <i>4</i>		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Washington Co</i>					
Occupation <i>labourer</i>			Where Residing if not at place of death <i>Fair Play Md</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>X</i>						
Father's Name <i>Joseph Santman</i>		Father's Birthplace <i>Washington Co</i>						
Mother's Maiden Name <i>Susan E Barnett</i>		Mother's Birthplace <i>Virginia</i>						
Name of person giving information <i>M A Santman</i>		How related to deceased <i>brother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croupous Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Reichard</i>
	Address <i>Fair Play, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

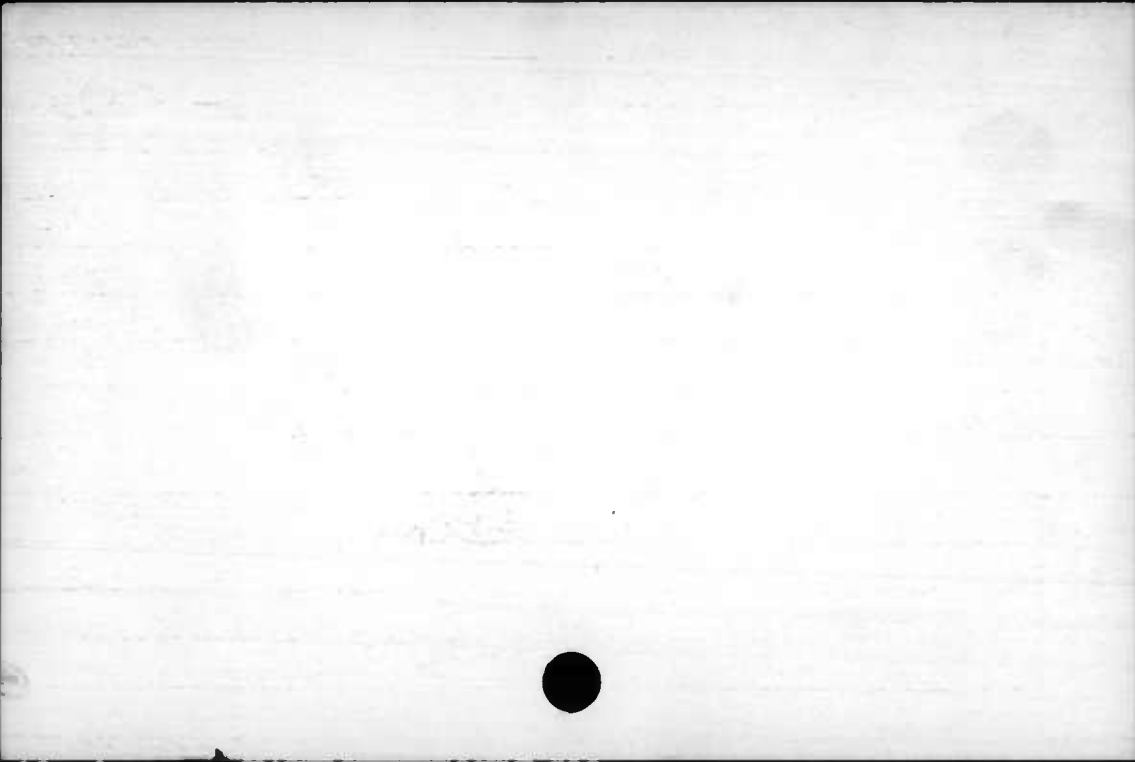
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John F. Sautz</i>		Town <i>Leitersburg</i>		County <i>Washington</i>		STATE <i>MARYLAND</i>	
Date of death <i>1905-</i>		Month <i>5-</i>	Day <i>18</i>	Age <i>71</i>	Years	Months <i>6</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Greensburg</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>John F. Sautz</i>					
Father's Name <i>David Sautz</i>		Father's Birthplace <i>Wash. Co</i>					
Mother's Maiden Name <i>Elizabeth Fulton</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Lorinda Sautz</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Kidney Prostration</i>	How long <i>10</i>
Immediate <i>"</i>	How long <i>One Year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr Joz. Prothman</i>
	Address <i>Smithsburg</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Mrs. Lillie Sugman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1903	Month	5-	Day	27
Sex <i>Female</i>		Color or Race <i>White</i>		Age	32
Occupation <i>Housework</i>		Where Residing if not at place of death		Months	9
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband		Days	11
Father's Name <i>Alexandria C Miller</i>		Father's Birthplace		<i>md</i>	
Mother's Maiden Name <i>Annie M Proctor</i>		Mother's Birthplace		<i>md</i>	
Name of person giving information <i>Charles Sugman</i>		How related to deceased		<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>C R Schuer</i>	
Address		<i>HAGERSTOWN, MARYLAND.</i>	
Accident or Suicide?			

Hapistone

Name
in
Full

Mrs Rachel Semler

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington MARYLANDDate of death 1905 ^{Month} 05 ^{Day} 31 Age ^{Years} 59 ^{Months} 10 ^{Days} 9

Sex female Color or Race white Birth-place Md.

Occupation H. W. Where Residing if not at place of death

Married, Single or Widowed married Name of ~~Wife or~~ Husband Frederick Semler

Father's Name b. Jacob Brezler Father's Birthplace Md.

Mother's Maiden Name Not Known Mother's Birthplace

Name of person giving information Mrs Maggie Jones How related to deceased daughter

CAUSES OF DEATH

Primary Cirrhosis of Liver

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

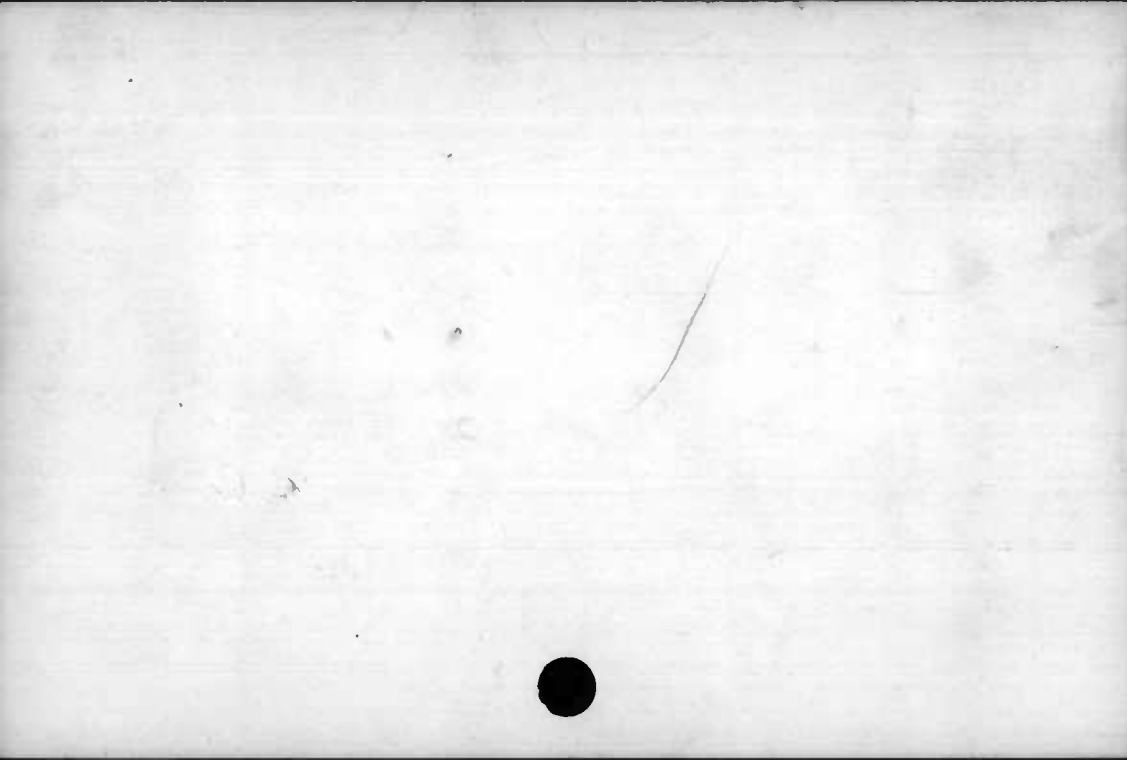
Signature of Physician

Address

J. E. Pitsoogle
Hagerstown
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

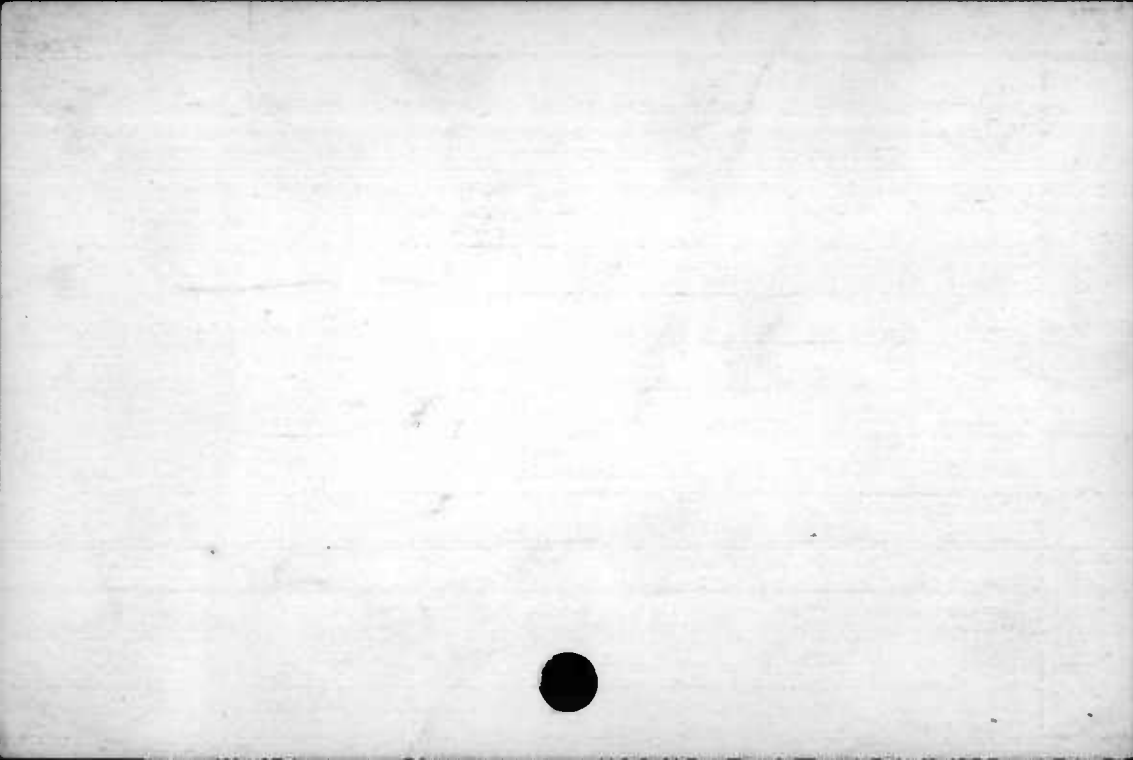
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cora Grove, Shank.</i>		Town <i>Mangamville</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1905 May</i>		Month <i>20</i>		Day <i>20</i>		Years <i>5</i>	
Age <i>X</i>		Months <i>X</i>		Days <i>X</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mangamville</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Arnon Shank</i>		Father's Birthplace <i>Mason Dixon Pa</i>					
Mother's Maiden Name <i>Ida Shank</i>		Mother's Birthplace <i>Mason Dixon Pa</i>					
Name of person giving information <i>Arnon Shank</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Smothered to death by Accident with Clothing.</i>		How long <i>—</i>	
Immediate		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. C. R. Miller M.D.</i>	
		Address <i>Mason & Dixon Pa</i>	
Accident or Suicide? <i>Accident</i>		<i>A Mangam # son Underlaser</i>	



Name
in
Full

Breeze Ra M Show

CERTIFICATE OF DEATH

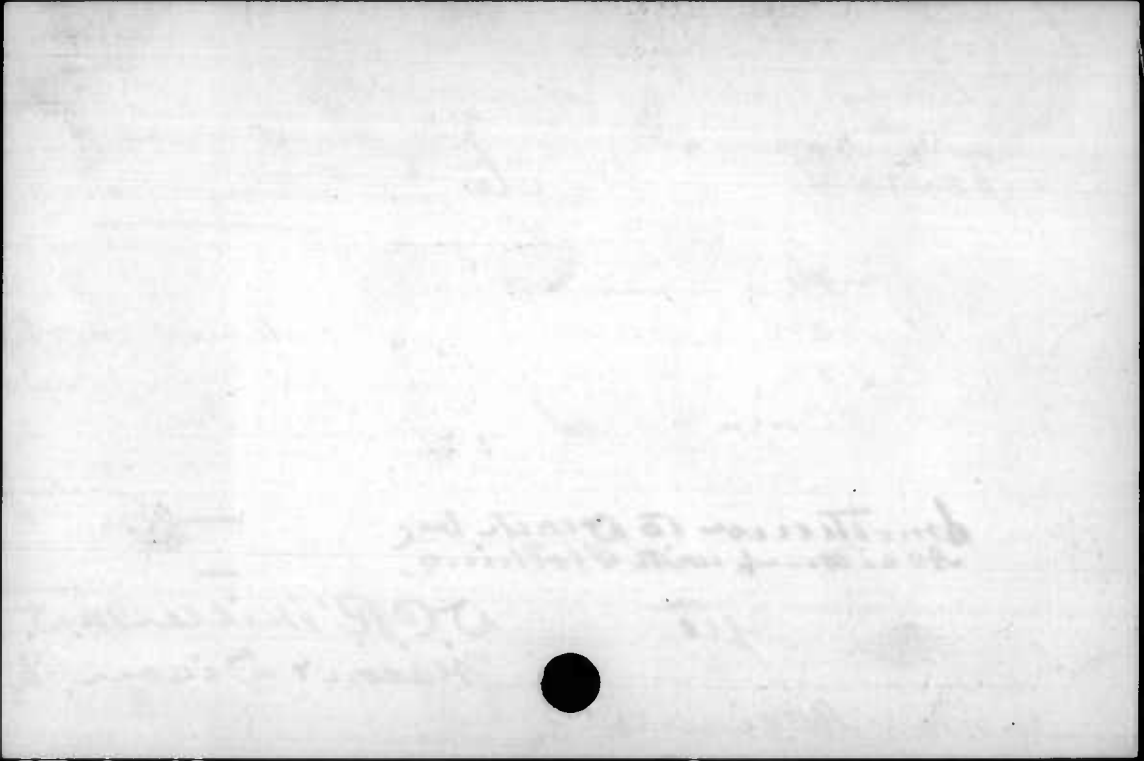
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lilghman to		County Washington		MARYLAND	
Date of death	1905	Month 5	Day 4	Age	Years	Months	Days 11
Sex	female		Color or Race	White		Birth- place	Lilghman to
Occupation	X			Where Residing if not at place of death		Lilghman to	
Married, Single or Widowed	X		Name of Wife or Husband		X		
Father's Name	Isiah Show				Father's Birthplace	Wash co	
Mother's Maiden Name	Ella R Smith				Mother's Birthplace	" "	
Name of person giving In formation	Isiah Show				How related to deceased	Father	

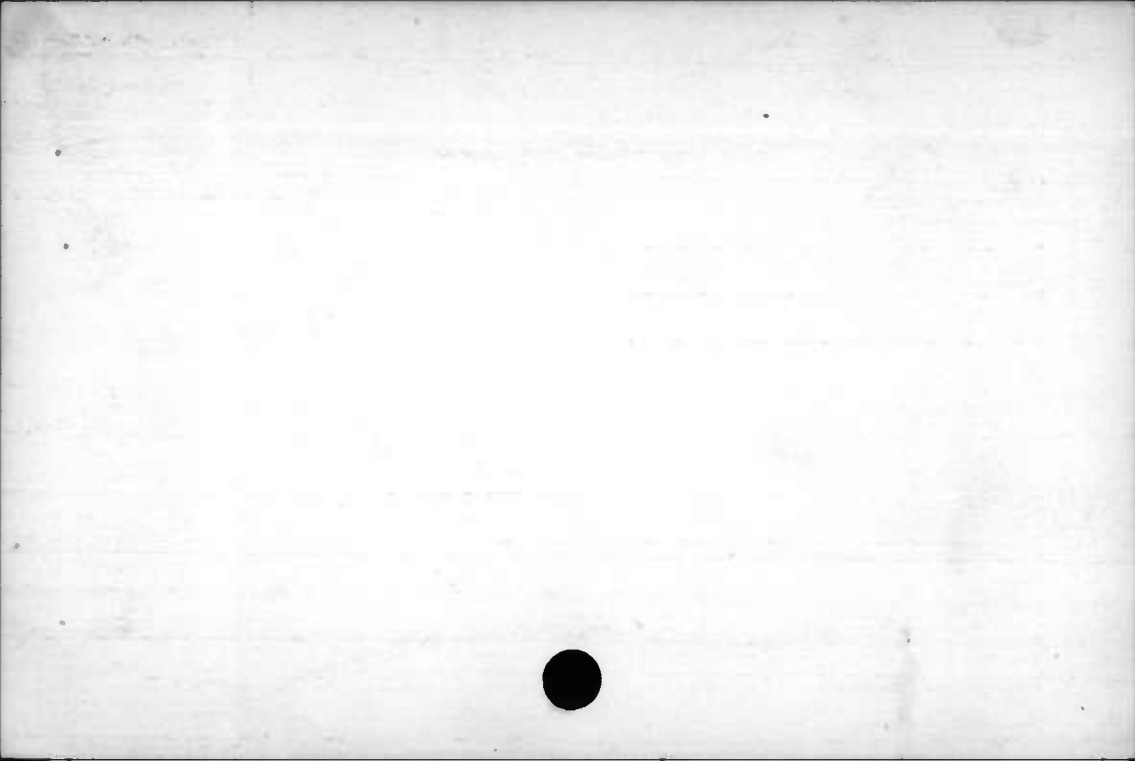
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	convulsions		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician
			Address
			V. M. Reichard Fairplay
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Leistersburg		Washington		MARYLAND				
	Date of death		1905	Month 5	Day 16	Age	Years 65	Months 10	Days -		
	Sex		Male		Color or Race		White		Birth-place		
	Occupation		Farmer		Where Residing if not at place of death		Leistersburg				
	Married, Single or Widowed		Single		Name of Wife or Husband		John Shickling				
	Father's Name		Joseph Shickling		Father's Birthplace		Germany				
	Mother's Maiden Name		Don't know		Mother's Birthplace		" "				
Name of person giving information		Mrs John Shickling		How related to deceased		St. Jr.					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">99</div>											
PHYSICIAN OR CORONER	Primary		Pulmonary Trouble following Grippe				How long		About six months		
	Immediate		Heart failure				How long				
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. L. Messier M.D.				
					Address		Smithsburg Md.				
Accident or Suicide? <input type="checkbox"/>											



Name
in
Full

CERTIFICATE OF DEATH

Died at

Leitersburg

Town

Washington

County

MARYLAND

Date

of death 1905

Month

5

Day

15

Years

Age about 70

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Washington

Occupation

Farmer

Where residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

John Skilling

Father's
Name

Not learned

Father's
Birthplace

Not learned

Mother's
Maiden Name

"

"

Mother's
Birthplace

"

Name of person giving
Information

under Taker G. B. Hoover

How related
to deceased

not related

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Six months

Immediate

Heart failure

How long

hour or two

Are the name, age, sex, color, date
and place correctly given above?

yes

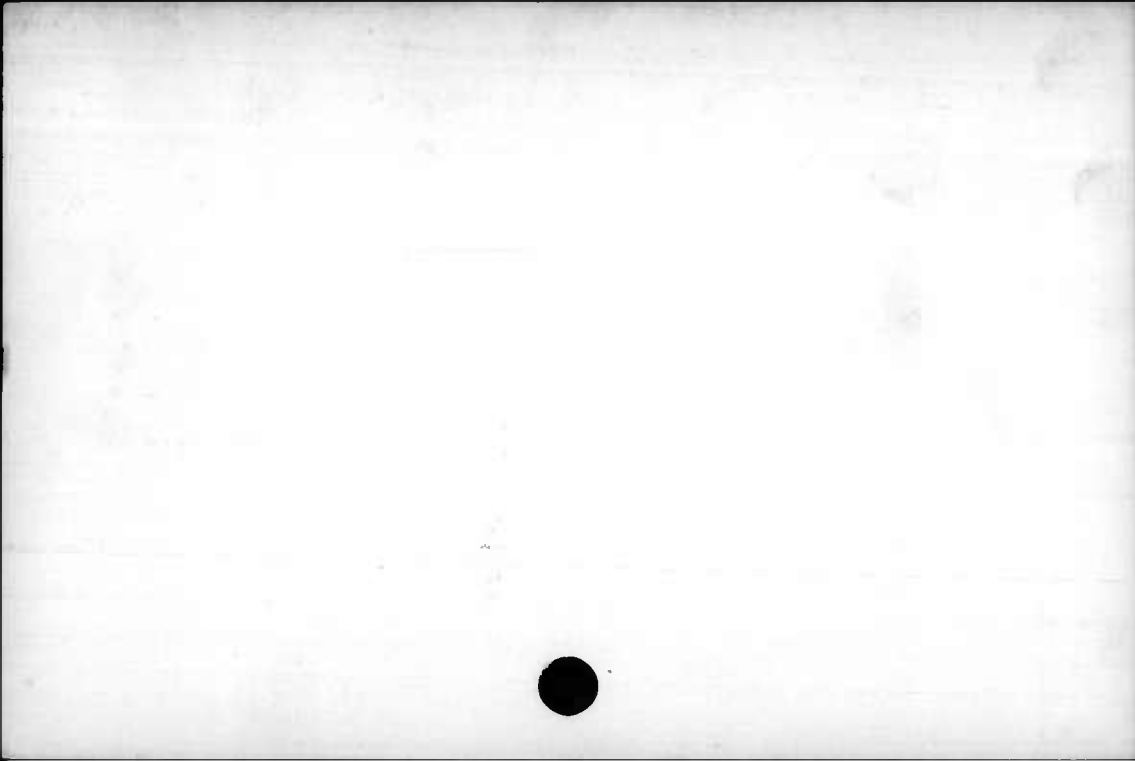
Signature of
Physician

Address

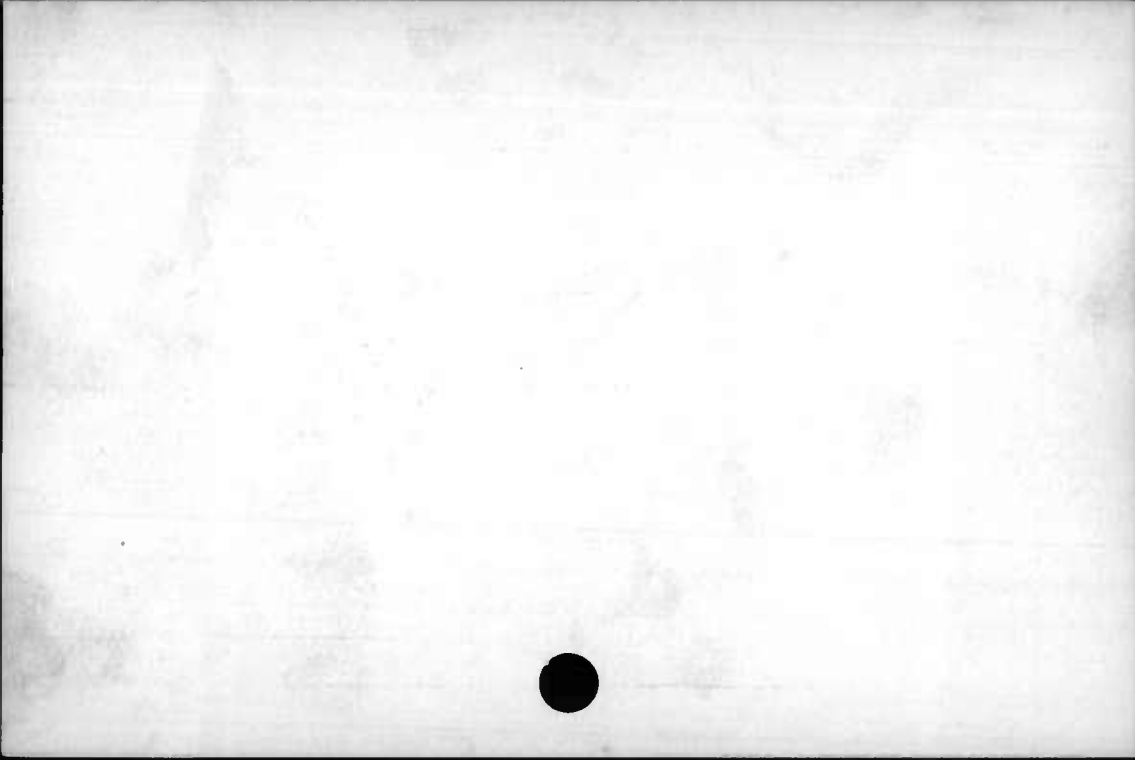
J. L. Massie M.D.
Smithsburg Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
John. Shwir.		Town Bellevue		County Washington	
Died at		Date of death 1905		MAYLAND	
Month May		Day 13.		Age 89	
Sex Male		Color or Race White		Birth-place Md	
Married, Single or Widowed Widowed		Occupation Laborer			
Name of Wife or Husband					
Father's Name		Not Known		Father's Birthplace	
Mother's Maiden Name		"		Mother's Birthplace	
Name of person giving information L F Hull.				How related to deceased Grand Son by marriage	
CAUSES OF DEATH					
Primary		Suntity		How long 1 year	
Immediate		Exhaustion		How long 10 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician W B Morrison	
				Address Hagerstown Md.	
Accident or Suicide?		No			



Name in Full

Certificate of Death

Viola Seeler
 Town County

Died at

*Fugo**Wash.*

MARYLAND

Date 19

08

Month

Day

*5**18*

Age

Y.

M.

D.

Native of

Md.

Occupation

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Robert Seeler

Mother's

Maiden Name

Elizabeth Holmes

Cause of

Primary

ulcers

How long sick

1 week

Death

Immediate

convulsion

Accident, Suicide, Homicide

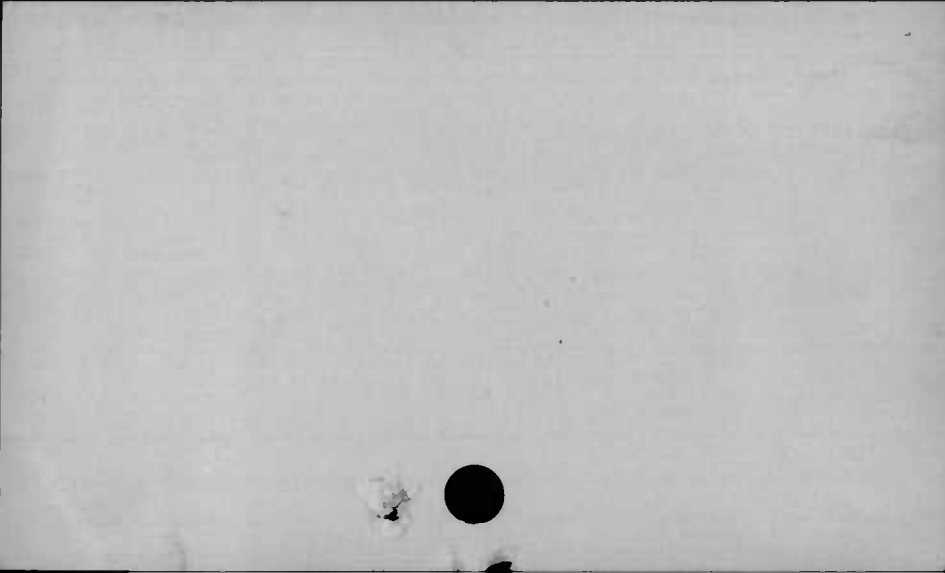
Reported by

C. D. Bator, M. D.

Address

Rohrersville Grayland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}	
Date of death 190 <i>5</i>	Month <i>May</i>	Day <i>31</i>	Age <i>8</i> Years
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa.</i>	Months
Married, Single or Widowed <i>Single</i>	Occupation <i>Child</i>		
Name of Wife or Husband			
Father's Name <i>Abner W. Slaughter</i>	Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Clara</i>	Mother's Birthplace <i>Pa.</i>		
Name of person giving information <i>Al Slaughter</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercle Meningitis</i>	How long <i>8 yrs.</i>
Immediate <i>Gastro Enteritis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. M. Thomas</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No.</i>	

Gulberson på

Name
in
Full

Martin Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tilghman		County Washington		MARYLAND	
Date of death	1905	Month 5	Day 28	Age 66	Years	Months	Days 28
Sex	Male		Color or Race	White		Birth- place	Tilghman
Occupation	Day Laborer			Where Residing if not at place of death Tilghman			
Married, Single or Widowed	Married		Name of Wife or Husband Annie Smith				
Father's Name	John Smith					Father's Birthplace	Wash. Co.
Mother's Maiden Name	Sarah C. Poffenberger					Mother's Birthplace	" "
Name of person giving In formation	Harry Smith					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Peritonitis		How long	5 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician U. M. Reichard	
			Address Fair play.	
Accident or Suicide?				



Name
in
Full

Elizabeth Stopper

CERTIFICATE OF DEATH

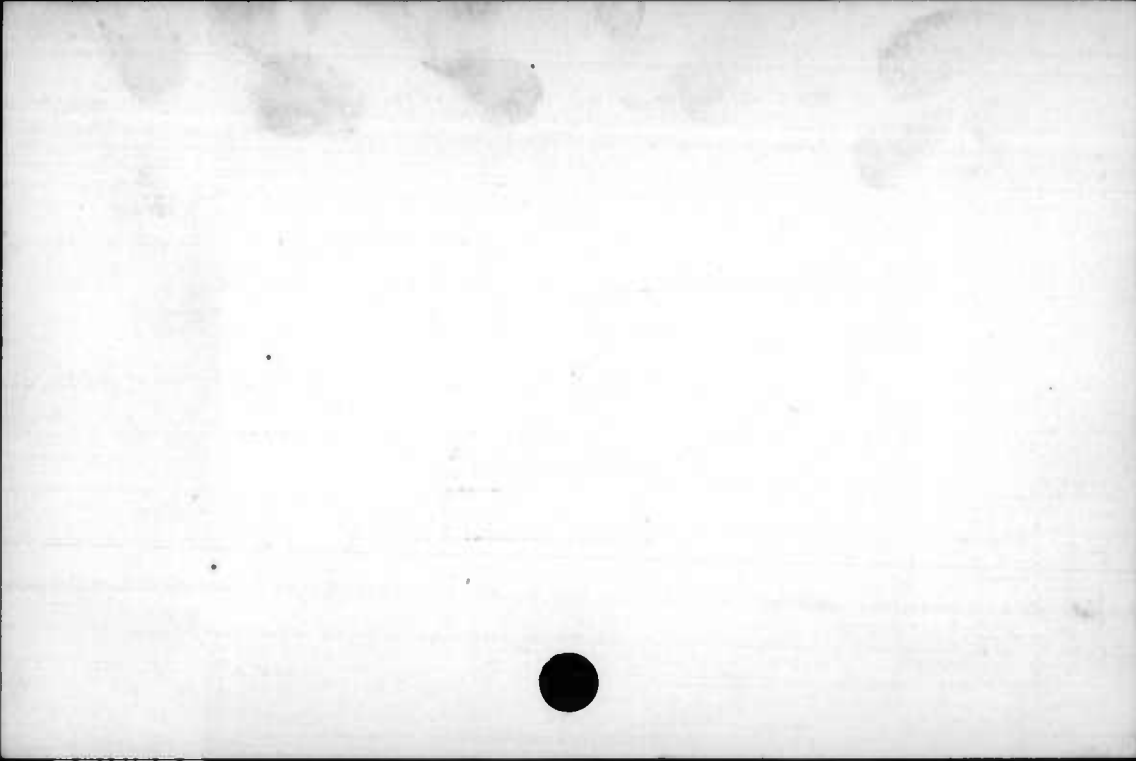
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Greensburg		County Washington		MARYLAND	
Date of death	1905	Month 5	Day 23	Age	Years 74	Months 11	Days 5
Sex	Female		Color or Race	white		Birth- place	Ringgold
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Jacob Stopper				
Father's Name	Andrew Gehr					Father's Birthplace	unknown
Mother's Maiden Name	Marry Hoover					Mother's Birthplace	11
Name of person giving In formation	Jacob Stopper					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grip & Cancer of the Stomach	How long	6 months
Immediate	General Debility	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. L. Jones
		Address	Smithsburg Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

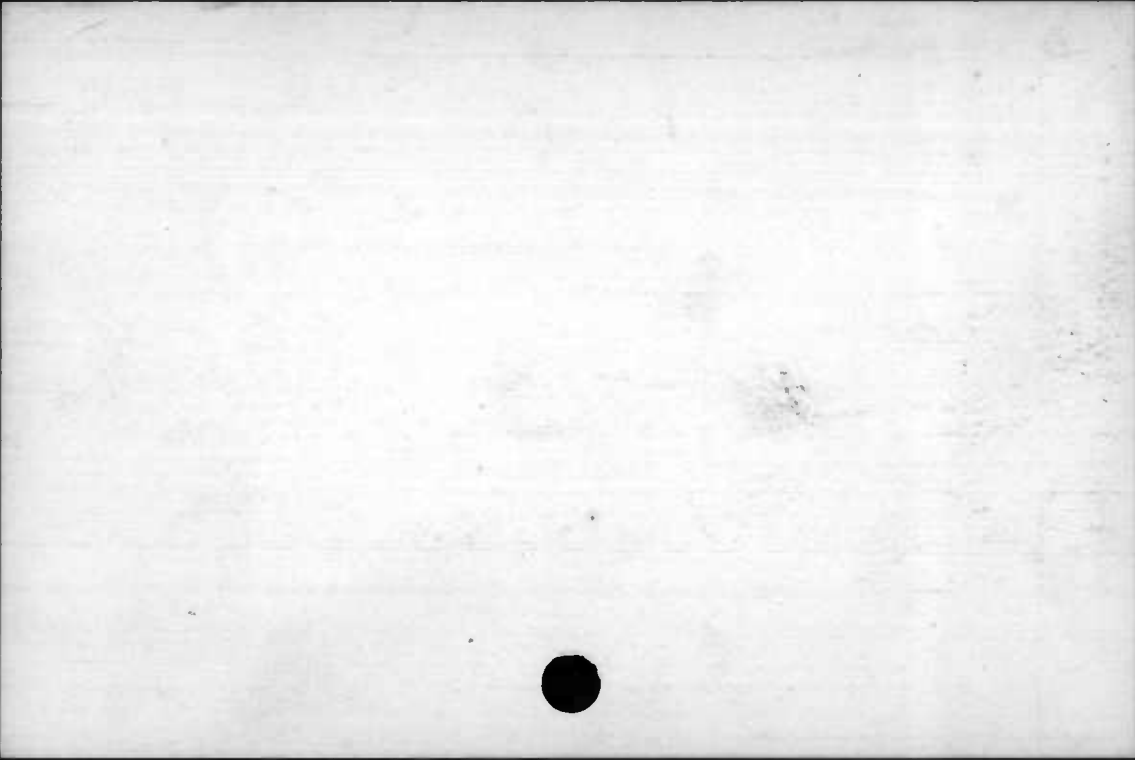
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Barbara A. Stouffer <i>Barbara A. Stouffer</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Date of death <i>1905</i>		Month <i>May</i>		Day <i>25</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>1</i>		Years <i>1</i>	
Occupation <i>Child</i>		Birth-place <i>md</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Oscar Stouffer</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Marjie Sharp</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Oscar Stouffer</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>		How long <i>24 hours</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. A. Williams</i>	
		Address	
Accident or Suicide?			



Name
in
Full

Peter Stouffer

CERTIFICATE OF DEATH

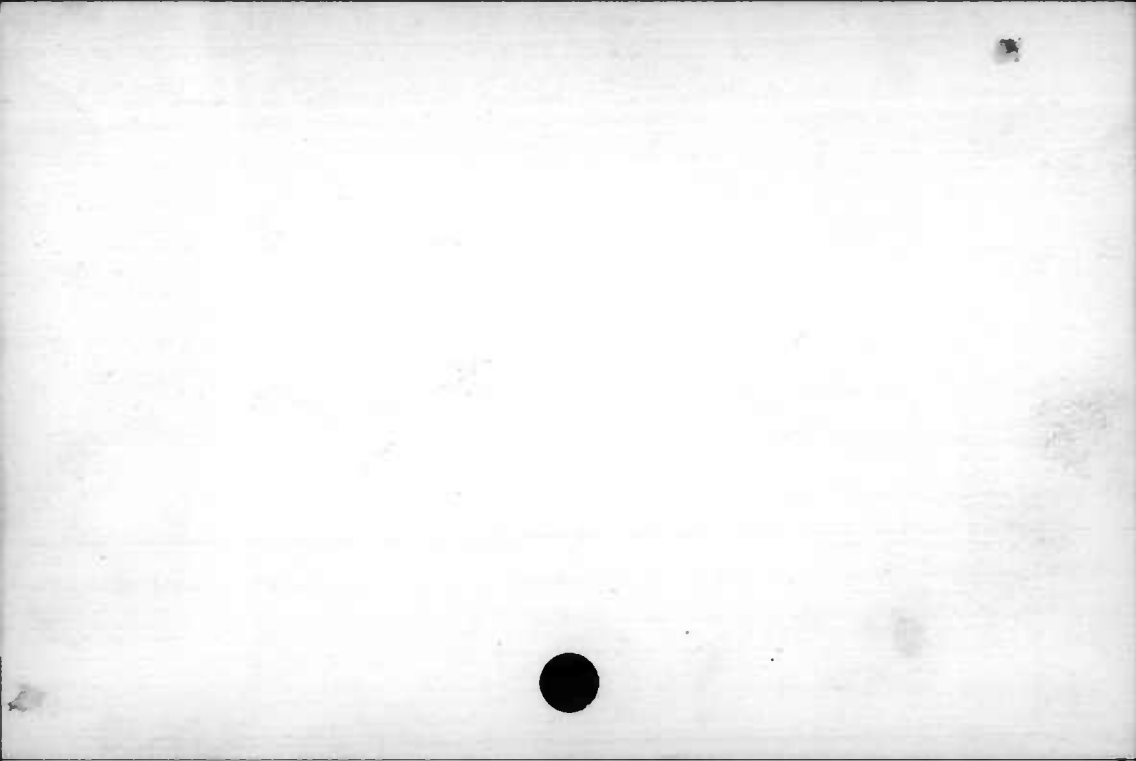
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bear Creek</u>		Town <u>Washington</u>		County <u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>23</u>	Years <u>83</u>	Months <u>12</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>Bear Creek</u>		
Married, Single or Widowed <u>Widower</u>			Name of Wife or Husband		
Father's Name <u>Samuel Stouffer</u>			Father's Birthplace		
Mother's Maiden Name <u>Sarah Snyder</u>			Mother's Birthplace <u>Park Co</u>		
Name of person giving information <u>William Schofer</u>			How related to deceased <u>Grand Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>60</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Smith</u>
	Address <u>Brownwood</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haystone</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND		
Date of death	<i>1908</i>	<i>3</i> ^{Month}	<i>3</i> ^{Day}	<i>1</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>md</i>	
Occupation	<i>Child</i>			Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	<i>Robert Sullivan</i>			Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Annie Taylor</i>			Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Robert Sullivan</i>			How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Spasms</i>	How long	<i>11</i>
Immediate	<i>Spasms</i>	How long	<i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H K Coffman</i>
		Address	<i>Haystone md</i>
			<i>Undertaker</i>
Accident or Suicide?	<i>Q</i>		

Halfway

Name
in
Full

CERTIFICATE OF DEATH

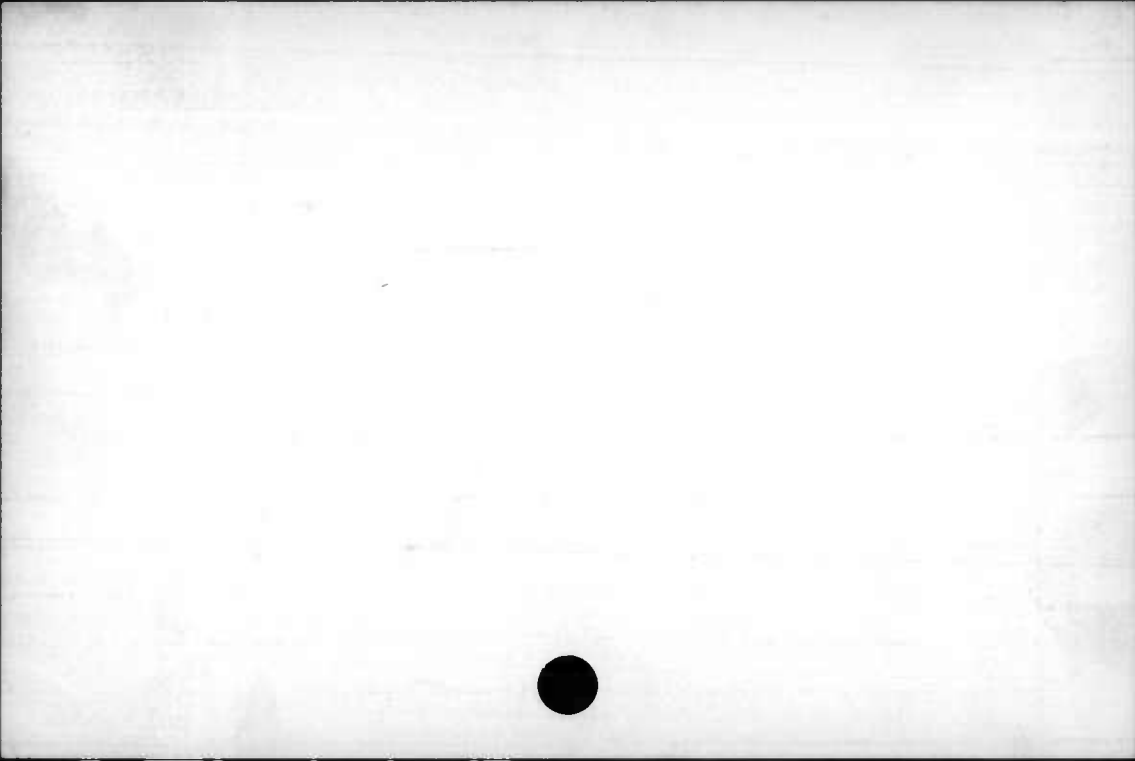
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charespring</i>		County		MARYLAND	
Date of death	1905	Month	May	Day	16
Sex	Male	Color or Race	White	Birth-place	Charespring
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wesley Widmeyer.			Father's Birthplace	Charespring
Mother's Maiden Name	Lanta Franck.			Mother's Birthplace	"
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Dr. H. C. Foster.
	Address
	Charespring
Accident or Suicide?	



Name
in
Full

Unnamed Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hagerstown*

Town

Washington

County

Date

of death 190

57

Month

May

Day

16

Age

Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Hagerstown*Married, Single
or Widowed*Child Infant*

Occupation

Name of Wife or
HusbandFather's
Name*W. W. Wiles*Father's
Birthplace*Andover Md*Mother's
Maiden Name*Minnie C. Sands*Mother's
Birthplace*Hagerstown*Name of person giving
Information*W. W. Wiles*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Premature birth

How long

How long

Immediate

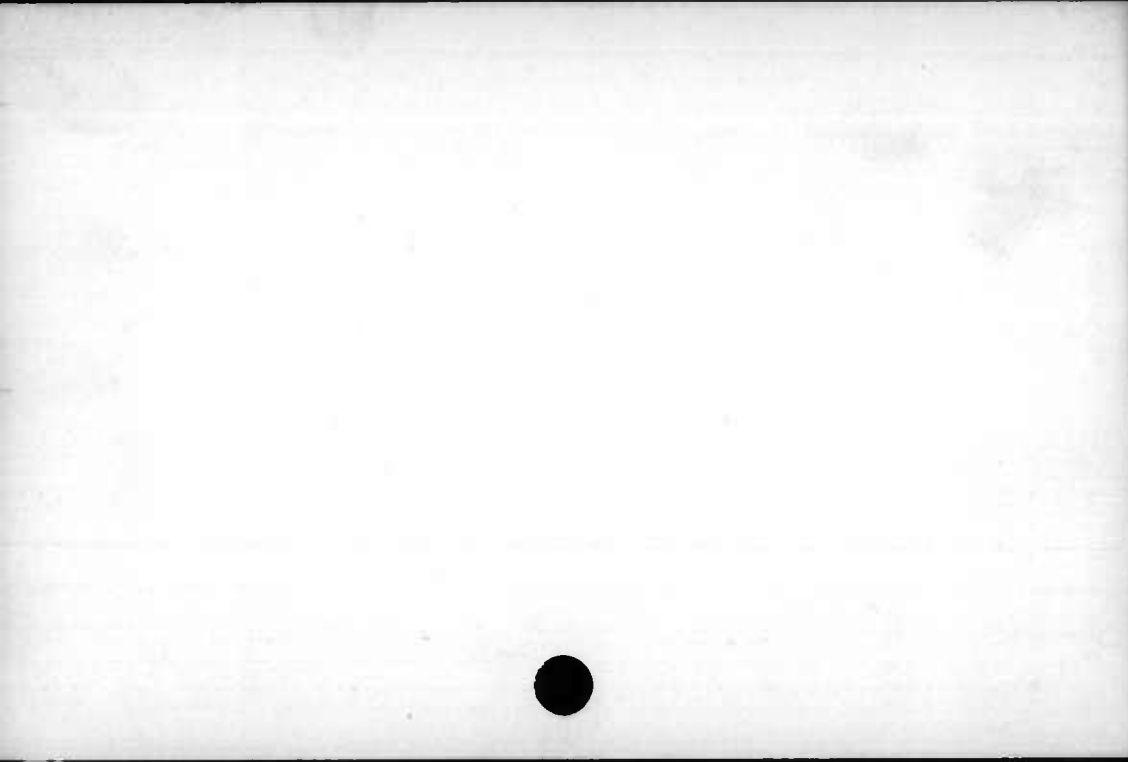
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*M. B. Morrison*

Address

Hagerstown Md.

Accident or Suicide?

*No*PHYSICIAN
OR CORONER



Name
in
Full

Charles S Wily

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Hagerstown* ^{County} *Washington* **MARYLAND**

Date of death *1903* ^{Month} *8* ^{Day} *23* ^{Years} *—* ^{Months} *3* ^{Days} *2*

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Child* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Clarence Wily* Father's Birthplace *md*

Mother's Maiden Name *Leona Steward* Mother's Birthplace *md*

Name of person giving information *Clarence Wily* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*Spasms**(7)**few hrs**H. C. Hoffman**Underbaker**Hagerstown md*

St Pauls